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A CARD (From the Granddaughter of Ephraim McDowell, M. D.) Members of the medical profession and others, who have kindly subscribed to my work, "THE BIOGRAPHY OF EPHRAIM McDOWELL, M. D.," and who have not yet received their copy, are hereby notified that the delay has been unavoidable, owing to the magnitude of the undertaking. Very respectfully, Mrs. M. T. VALENTINE, Formerly Mrs. Mary Young Ridenbaugh, Granddaughter of Ephraim McDowell, M. D. Post-office Box 92. Philadelphia, Pa., December 1, 1893.

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The Times and Register.

VOL. XXVII. No. 1.

PHILADELPHIA, JANUARY 6, 1893.

WHOLE No. 800.

23 JAN Original.

A GOOD METHOD FOR DISINFECTING SURGICAL INSTRUMENTS.

BY DR. ROMAINE J. CURTIS,
Joliet, Ill.

Too much poison is used in surgery. In fact, it was, a short time ago, becoming question whether the poison of the surgeon in surgical dressings, washes, douches, irrigations, etc., was not more detrimental than the ptomaine of the surgical microbe.

Happily, the excess of surgical anti-sepsis appears to be working itself away. The drainage tube is no longer the necessary feature of a surgical landscape. It is not used by thoughtful men in wounds not known to be infected.

The dogma, that puerperal and surgical sepsis is the fault or misfortune of the surgeon, seems to be replaced by the conviction that the septic infection may gain access to a wound by the back door—may even come by way of drinking water and the stomach, or by the air and the lungs.

Some of the ridiculous features of the operating room are disappearing. It is no longer thought really necessary to wrap up a wound in a dozen or more laminae of gauze and mackintosh, nor do the operators always change their clothing throughout or wrap themselves in gauze.

The turban of gauze always impressed me as being much more suggestive of headache than antisepsis, to say nothing of feeble mindedness.

Surgical instruments, no doubt, gather up and disseminate the surgical infections.

The reason is because they are used to make operations in wounds or infectious diseases. No doubt disease can be and has been transmitted in this manner.

Many methods have been suggested and employed to clean the instruments; these methods all suggesting heat and poisons.

It is difficult to destroy septic infection by boiling water, even with the addition of a poison.

One of the oldest lessons learned about bacteria is that they resist boiling water—except intermittent boiling.

But there is a speedy and certain method of reaching the microbe, which infects the surgical instrument, by heat. The heat should be a flame.

Usually, the surgical instrument is dry. The associated infection is dry. A flame can be applied readily to the whole instrument, which instantly burns up all organic matter, microbes, spores, germs, infection, contagion and all.

For this purpose I use a Bunson's burner.

The instruments are passed, handle and all, rapidly through the flame of this burner. All knives are then wrapped in borated cotton, and the other instruments thrown loosely in a metal box. The knives are packed in a metal box, wrapped in cotton.

The metal box is also held over the flame of the burner a sufficient time to ignite and consume all organic matter it may contain.

EINHORN'S GASTRODIAPHANE.

EXHIBITED BY S. SOLIS-COHEN, M. D. BEFORE THE COLLEGE OF PHYSICIANS, PHILADELPHIA.

I wish to call the attention of the Fellows of the College to the "gastrodiaphane" devised by Dr. Max Einhorn, of New York, which consists of a small electric lamp fastened to a flexible stomach-tube with cords connecting it with a source of electric power and with a handle to make and break the current. Four storage cells having an electromotive force of 8 volts, or an equivalent number (6) of freshly charged bichromate primary cells will operate it.

The patient having swallowed two glasses (one pint) of cold water, the end of the tube is lubricated with glycerin and the instrument is then readily swal-

lowed by a person accustomed to swallow the stomach-tube and sometimes by those not accustomed to its use.

The examination being made in a dark room, when the current is turned on, the contour and area of the stomach appear very plainly as a luminous red zone on the abdominal wall.

The advantage of this method is in determining the presence or absence of thickening in the anterior wall of the stomach and in determining the exact position of the stomach and the outline of the lesser curvature. It is exceedingly useful in diagnosing between dilatation of the stomach and the condition termed gastropnoia or sinking of the stomach.

I have used the instrument in many normal sized stomachs and in half a dozen cases in which diagnosis was in doubt.

In one case it confirmed the diagnosis of dilatation where the ordinary methods of percussion were unsatisfactory; thus proving the presence of pyloric obstruction, although the case of the obstruction was so situated as not to be manifest.

In another case, with symptoms of carcinoma, and absence of free HCl, but in which a tumor could not be felt, the thickening of the anterior wall appeared very clearly on the abdomen as a dark patch in the midst of the zone of trans-illumination.

In another case in which there was a question whether or not a tumor of the abdominal wall communicated with or was attached to the stomach, we were able to demonstrate that there was no direct connection.

The method has a limited usefulness in diagnosis, its advantage being that it is readily applied and that within its limitations the information it gives is easily interpreted.

DISCUSSION.

Dr. D. D. Stewart: I have used gastrodiaaphany for about a year in a large number of cases.

I have found that the introduction of but one or two glasses of water is not sufficient to render the whole stomach translucent. It permits only the lower part of the stomach, that of the greater curvature, to be seen.

Heryng and Reichmann advise the introduction of 1000 to 2000 c.c. of water. In this way the lesser curvature is also outlined. At times you can see a portion

of the colon illuminated, the recti muscles, the hypogastric veins, and also the edge of the liver and a portion of the spleen.

The great objection is the difficulty of getting the patient to swallow the diaphane. One has first to become used to the tube.

For gastrodiaaphany to be of any diagnostic use it is necessary to introduce so much water that it causes great discomfort to the patient, and often vomiting, necessitating prompt withdrawal of the instrument.

Dr. Frank Woodbury: This instrument was first presented to the German Practitioner's Society, of New York, five or six years ago, and its use demonstrated. It has not made very great progress since then.

If we have to administer a couple of quarts of water before making the examination the diagnosis of dilatation is already made.

Where we suspect a growth on the anterior wall of the stomach it might be advantageous to use this instrument.

I would suggest instead of glycerin as a lubricant the use of a cacao-butter, which is a bland and entirely unobjectionable material.

Dr. Stewart: With reference to lubricants for stomach tubes I would say that I use nothing save water. Glycerin is unnecessary and cacao-butter is not to be thought of.

Dr. Cohen: Einhorn claims, and I agree, that one advantage of his instrument and method over Heryng and Reichmann's lies in the small quantity of water necessary.

Einhorn has also the priority in the matter, if that is of any consequence. Glycerin is used to lubricate the glass only, and I find it useful and without drawback of any kind.

NOTES ON HANOT'S DISEASE, OR HYPERTROPHIC CIRRHOSIS, WITH CHRONIC JAUNDICE.

The hepatic lesions involved in this disease are due to functional over-activity, causing increased formation and hypertrophy of the glandular elements.

Bile is formed in excess, as evidenced by its appearance in the skin, urine and dejections. It is also super-abundant in the liver, and the whole excretory apparatus is dilated rather than contracted.

This "biliary diabetes" does not entail a gross destruction of blood-corpuscles

(a occurs in splenic disease); it is simply a result of exaggerated activity of the liver cells.

It is not likely that the bile-ducts are the first seat of attack, for the secondary hepatic lesions are not necessarily prominent in certain branches, nor are they disposed in disseminated foci; on the contrary, the hepatic changes are spread about and diffused. More probably the lesions are contemporaneous or nearly so.

The connective tissue itself is affected, and develops specially in the neighborhood of the nourishing vessels (the ramifications of the hepatic artery), which soon swell, overgrow and dilate, until the ultimate branches tend to shrink within their capillary network.

The lesion then is a diffuse, interstitial and epithelial hepatitis, the parenchymatous and connective lesions being alike primary and dependent on one cause.

The action of this cause is not confined only to the liver; it also affects the lymphatics of the abdomen and spleen. Possibly the kidneys may also be involved, since parenchymatous nephritis often co-exists with this condition.

Hanot's disease is a general affection of which the local manifestations are probably of infectious origin; but its rarity, and its clinical and anatomical peculiarities, would suggest that it is produced by an unusual variety of germ.

—L. Lewis, M. D., translated from "La Semaine Médicale," July 19, 1893.

ABSTRACT OF AN ARTICLE ON SEXUAL PERVERSION.

BY MM. BOISSIER AND LA CHAUX.

The courts have frequently had occasion to try men, who had been guilty of indecent exposure. Some among these were manifestly not responsible for their action; while others, who appeared to enjoy the full exercise of their mental faculties, were properly condemned to punishment.

This class of cases attracted no medical literary notice until Lasegue wrote his memoir on the subject. He named the disorder "exhibitionism."

Magnau, later on, by extended research, cleared up the matter more satisfactorily.

Lasegue's paper was merely a history of different cases grouped under the same heading. He classed together erotomania, senile dementia, general

paralysis and epilepsy in cases where there had been violations (generally unconscious) of modesty.

In this work was also pointed out, for the first time, a new pathological type of an interesting character: that of "obsession." The author speaks of the "besetting," the "impulsive," and "irresistible" features of the act committed by individuals, in whom in other respects general morality is good.

There is a striking contrast between the rational aspect of the culprit and the absurdity of the accomplished offense. The instantaneousness and the absurdity of the act are fully recognized by the subject, while the absence of venereal desire, the indifference to consequences, the limitation of the appetite to an exposure, which never becomes the starting point of an amour, all point to a condition of disease.

While not noticing all the characters of "obsession," the author points out one, that of impulse; but at the same time he did not recognize the incompatibility, logically speaking, of such acts with psychological health, and so many of the cases he met with were turned over to the law.

He did not believe in the complete annulment of the will power while the mental faculties (intellectual) were intact.

Magnau afterwards cleared up the question by explaining the mechanism of this anomaly, and since then numerous unfortunates have escaped punishment.

The aberration is identical in its process with that of the symptomatic acts of all mentally unbalanced persons.

The subject undergoes the same strain as the drunkard, the "cutter" of clothing, the onomatomaniac (in search of a particular word) and their congeners.

The action in all of them is preceded by the painful, but useless struggle against self, and after the consummation is followed by the same appeasement.

In the victims of obsession there is no same anxiety, the same fruitless efforts, to repress the implacable desire to expose the genitals.

Conquered at last, the subject, covered with shame, yields and experiences immediate and entire relief.

This perversion of the sexual appetite is so besetting and urgent that it overcomes the restraining influence of the higher centres of the brain.

This is one of the stigmata character-

izing the train of morbid symptoms and denotes a certain heredity. Other mental disorders ultimately follow it.

The condition sometimes remains latent, requiring a determining cause for its outbreak; just as in the dipsomaniac the desire for alcohol becomes at times overwhelming.

There is another variety of the disorder, characterized by acts of bestiality. The clinical and psychological history of these cases is the same as in the previous variety.

Genital perversion in extreme forms destroys morality, produces inharmonious among the several intellectual powers, and the impulse becomes irresistible. The disorder requires strict hygienic and moral treatment, and may thus be often eradicated.

—Translated by E. W. Bing, M. D.

DIET IN TYPHOID FEVER.

BY WILLIAM F. WAUGH, A.M., M.D.

I have several times called attention in this journal to one of the most important problems presented to the practitioner—the feeding in typhoid fever. In Europe the practice has reverted generally to the Hippocratic diet of water soup.

In America milk is all but universally used.

Milk, according to Dujardin-Beaumetz, can only act as salt and water, as neither the fat nor the casein can be absorbed.

The disease affecting the glandular apparatus of the intestines, absorption through this channel is impossible, and the patient can only be nourished by means of absorption through the veins.

That this is insufficient is shown by the cases occasionally seen of occlusion of the thoracic duct, in which the patient becomes greatly emaciated.

In fact, this condition is exactly paralleled in typhoid fever, where the glands drained by the thoracic duct are rendered incapable of absorbing food. The only exceptions to this rule lies in the facts that all of Peyer's glands may not be wholly disabled at the same time; as the glandular affection is somewhat progressive from above downwards and some of the glands may not be affected at all.

It becomes, then, a question whether we can supply food at all during a typhoid attack; whether any substance can be directly absorbed into the veins

without passing through the intestinal glands and yet be assimilated.

There are two substances to which this may be possible. Egg albumen is directly absorbed into the tissues of the growing chick, without digestion or assimilation. The food is the life; the digested, assimilated and vitalized final product of the whole chain of processes by which food becomes transformed into an integral part of a living organism.

If any substances are available in these cases it must be these. Even milk must be digested before it goes to nourish the child.

Several years ago I presented this subject, and spoke of the excellent results I had obtained from the use of these foods in typhoid fever.

The white of egg can be mixed with iced water and given very readily.

For blood we must rely on bovine, as fresh blood cannot possibly be obtained at the times it is required.

Bovine, consisting of beeves' blood and egg albumen, preserved with glycerine and whisky, with a little formic acid, answers the need must admirably. It has been my reliance in feeding to typhoid cases for many years, and its success has demonstrated the correctness of the above propositions.

Fourteen drops to a teaspoonful may be given every two hours, day and night.

Patients fed on bovine get up with much less emaciation than those fed on soups or undigested milk.

Quite recently a very remarkable series of cases have been reported, in which chronic ulcers, even of many years' duration, have been cured by the local application of bovine. Several hundreds of such cases have been so treated with great success. These go so far to confirm my views; for if bovine can be absorbed from the surface of an ulcer, or from the subcutaneous tissue about it, and so improve the local nutrition as to bring about healing, how much more likely that such a substance can be absorbed from the stomach, and keep up the general nutrition.

I would like to know the experience of others in this matter. Too often the good results one gets, or thinks he gets, are not confirmed by the common experience of the profession, and thus error finds credence. It is not what one person, specially skilled in the use of a remedy, can do with it, but what the average doctor who has no special experience with, or liking for,

the remedy can accomplish with it, that is the true test of its utility; and this verdict I wish to obtain.

—834 Opera House Block, Chicago, Ill.

REPORT OF A CASE OF FACIAL TUMOR.

BY B. MERRILL RICKETTS, CINCINNATI, O.

Mr. —, æt. 38, negro, robust, about 6 feet 1 inch tall, noticed a small growth under the angle of the left lower jaw at the age of 20.

This growth gradually increased in size until now it weighs from 30 to 40 pounds. The veins are very much dilated, some of which would, I imagine, admit an average sized lead pencil at their base. The skin has become very tense and has upon it here and there a few hairs. The mouths of the seba-



ceous ducts are enormously stretched, so that the skin overlying the tumor has the appearance of having been pock-marked.

He has great trouble in keeping the tumor warm, necessitating it being wrapped in flannel during the winter months.

He cannot be prevailed upon to have it removed, although it could be done with ease and without any special risk, especially as the pedicle is small. It being his stock in trade, one can readily

understand his averseness to an operation.

He occasionally exhibits himself for a small fee, and has the sympathy of the community in which he lives, the two enabling him to live with comparative ease and comfort.

I believe the tumor to be fatty in its nature, and report the case merely that it may be classified by those who are especially interested with the larger tumors.

—The Trinidad.

PHILOSOPHY OF MAN.*

(Continued from previous lecture).

BY JAMES E. GARRETSON, A. M., M. D.

Egoistic Sense.—Our subject to-night is the Egoistic Sense; meaning by this a sense that relates with Forms.

By Forms is meant conditions of Existence not appreciable by Common or Educated senses.

Let illustrations make perfectly clear what is intended to be conveyed. It is recorded that three Magi saw a star that moved with the purpose of showing where a young child lay in a manger. It is also recorded that John, when at the island of Patmos, saw, in an opened sky, his story of the Revelations. It is matter of biblical history that Belshazzar, when feasting in his halls, saw a hand project itself and write upon the wall certain warning words. Believers in the sacred writings hold in no doubt the apparition of the Witch of Endor, nor do they esteem as less fact the reality of a voice heard by Samuel.

Coming nearer our own time, we have Swedenborg telling of his converse with angels; Jacob Bæhm showing education without ever having been at school; Paracelsus talking over things heard by him in the air.

Reaching our immediate time, we have the so-called Spiritualists, who declare to sights as realities denounced by people at large as hallucinations, and who hold to the existence of Spirits as other men declare to the presence of Mortals.

The demon of Socrates is a Familiar whom the reading world has known about for centuries.

With the recitals given, and with a multitude of similar significance, both from sacred and profane history, with which every person is more or less ac-

*Synopsis of lecture delivered before the Garretsonian Society.

quainted, lie the text of Egoistic sense.

With the first lecture of the present course, predicate was laid that a man, in order to be able to see around the circle of his world, must be possessed of, and use, four means of sight, these means being: First, Common sense; second, Educated sense; third, Egoistic sense; fourth, Soul sense. Illustration lies with a common circle, which, in order to be seen around, requires sight directed from zenith, nadir and opposite points of its horizon.

Sight of things as afforded by Common and educated senses, is assumed as being fully understood and appreciated by the class. It certainly is recognized that enlargement of view is with education, and that to show homogeneity as contrariety needs alone the use of a microscope. A million swimming beings live in draughts of water never seen, or to be seen, by common-sense people.

Passing forward, it is to be said that billions of realities or phenomena, as the case may be, relate with man's circle, never to be made known to him either by his common senses, or a highest degree of intellectuality as lying wholly with educated senses. These things are what is known to philosophy as unfilled forms. Simplest definition of this term "unfilled forms" lies in comparing transparent and opaque media. A microscope of finest construction and greatest power can see nothing but what is opaque.

Pure form is transparent. The word is one with idea. Matter, the antithesis of form, is opaque. Form is made opaque, as is shown, when matter is thrust into it. Illustration of this last is with an invention, which, being primarily pure idea, or form, becomes seeable and unseeable, out of reason of a materialization afforded it by the inventor.

Every invention, every new thought, any kind and every kind of thing that is new, affords illustration of form, or idea, remaining separated from matter until brought to recognition by genius of inventor, by words of poet, by score of musician, by design of architect.

Consider another illustrative proof of separability of form and matter. No individuality exists with matter. It is of itself formless and void. It is a common property of everything and everybody. It is inconstant to everything and everybody. It is a universal.

It is never a self. It was grass yesterday. It is milk to-day. To-morrow it will be a young child. Here the meaning of Empedocles:

"Once I was a girl, and once a boy,
A bird, a bush, a fish that swam the sea."

Matter being that with which science assumes to deal, let us here leave science and see what we may find ourselves able to see as to things dealt in by a sense that does not deal with science, namely, the Egoistic sense.

Are we to find ourselves able to see or to appreciate the showings of this sense? That depends! Answer relates with reply to questions as to what we find ourselves seeing of inventors' ideas, of poets' words, of musicians' notes, of architects' designs, of Spiritualists' materializations.

Here an affirmation is to be advanced that any man standing in the position of your lecturer will be wise in laying with other authority than his own; and such authority ought to be very reputable. The affirmation is that imaginations are man's nearest approach to realities.

Plato held and taught that all things consist of Matter and Form; and that matter, of which all things are made, existed from eternity, without form; but he likewise held that there are eternal forms of all possible things which exist without matter. It is to these eternal and immaterial things he gave the name of ideas.

Combine here these eternal and immaterial ideas of Plato with Milton's lines—

"God saw his works were good,
Answering his fair idea."

And here let a query interpolate itself. Are the creations of inventors not one in character with what is implied by Milton's lines? Were there ever other things out of which to create but Idea and Matter, or, to put this last in other form, is there in the known world, evident to senses so far considered, anything but Idea and Matter? To see a work answering idea is to see Form filled satisfactorily with Matter.

The poet Spencer affords the following illustrative passage:

"What time this world's great workmaster
did cast,

To make all things such as we now behold,
It seems that He before His eyes had placed

A goodly pattern, to whose perfect mould
He fashioned them as comely as he could,
That now so fair and seemly they appear
As nought may be amended anywhere,
That wondrous pattern, whereso'er it be,

But the poet saw not the meaning lying with his own hypostasis of Ego, nor did he consider the creations made by the musicians and architects.

Seneca, like Plato, held ideas to be the eternal exemplars of things, Cicero as their form, Diogenes Laertes as their cause and principle, Aristotle as substances. The common idea entertained of them to-day is that they are notions, this word being used in the sense of nothings.

Plutarch, discoursing of Ideas, says as follows: "Idea is a bodiless substance which of itself hath no subsistence, but giveth form and figure to shapeless matter and becometh the cause that bringeth them into show and evidence."

Plato contrasts Aristotle in being spiritualist as contrary to materialist. "Things created," he wisely says, "being in a state of continual flux, there can be no real knowledge concerning them; but forms, being eternal and unchangeable, are the proper objects of knowledge." Is it not the case that, quite independent of Plato, we had worked this out for ourselves in the understanding gained that "nothing is what it seems to be."

But is it as inductionists or as spiritualists that such understanding was reached? For myself, I sadly confess to the former. Aristotle was no Plato. Aristotle was the prince of inductionists. Difference between the two lay with the place of start: Plato came from the skies, Aristotle from the earth. Plato was esoteric, Aristotle was exoteric. Plato was egoistic, Aristotle was organic.

I am aiming to show the respect belonging to, and the confidence to be placed in, things considered by people in general as "nothing;" in things called imaginations, to make example. Imaginations are, perhaps, the least understood things of relation. What is an imagination but an idea, and what is an idea but a form? If there was a time when the earth, and the things of the earth, were without form and void, was there not, necessarily, a time intermediate to that and the present when idea existed unmaterialized? Can a thing precede its pattern?

May I venture to take up the affirmation with the purpose to suggest that it is with intangibles as with tangibles; namely, a thing is never else than what a man can make out of it. The crudest

notion that ever passed before the egoistic sense is quite as much reality as the deepest water that ever obstructed the progress of body. Sound is sound, whether materialized by a corn-stalk fiddle or by a Stradivarius violin. Vision is vision, whether as a serpent to the mania-a-potunt or as Witch of Endor to Saul. Truly it is of the sounds and of the visions alone that we cannot say they are phantasms. Material, as it fills form and shows it, is one with the evanescence of summer leaves, but form holds for a refilling, and has so held from a beginning.

Summer leaves have not gone from us in the June day when a blind man sees them not. They are not less absent from the tree because no egoistic vision is by to see them in the winter time.

Are we or are we not prepared for an assertion that what is seen by any Ego is seen by it—this, whether reference is to a troop of wolves seen on a plain through the natural eye, or a bevy of angels seen in a dream by the spiritual eye.

Is fraud with spiritualism? With its professors no doubt in quantity. But is not spiritualism one absolutely with what Plato pronounces the object of study? Is it not as absolutely one with that continuousness of existence declared for the dematerialized Ego? Is it not, in turn, the opposite of that confusion with which our unphilosophic theology so ruthlessly parts us from loved ones over whose matter alone the funeral oration has been pronounced?

Is the answer made by the dying Socrates to Crito's question as to how he "would like to be buried," to find too frequent repetition? "If only you can catch me, Crito, bury me as you please."

Egoistic sense is self-seeing, hearing, tasting, smelling, feeling without dependence on the senses of the body. It is communication, media being away—that is, it is mediate and not immediate communication.

But egoistic sense bears likeness with the organic senses in being acute or dull, as do these other senses, or varying with times and circumstances. Was not an odor smelled yesterday found without appeal to its sense to-day? Is not the musician alive to-day to sounds appealing to his spiritual ear which ear heard nothing yesterday and is likely to be as dead to-morrow?

Is the egoistic sense to be cultivated? Question here relates with what is called organization, whether this is confined to body or extends to Ego. What is seen of forms is always one with degree of sensitivity. Certainly there are sensitives who are not so by reason of cultivation. On the other hand, there are sensitives who are filled with the world's knowledge. Example of the former is with Plotinus, the Alexandrian porter; of the latter Paracelsus and Swedenborg are to be named.

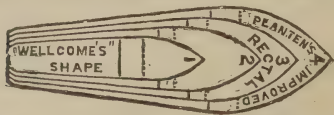
But spiritualistic is not to be confounded with religious. We are to come to this last at our next meeting. A man may be supreme as to spiritualism who is antithetical as to religion; that is, his sight may be constantly full of forms, while his heart is continuously empty of divine.

How various are the forms seen, and how useless and apparently purposeless the ideas that come and go, are familiar things to everybody; but, contrast with these the images filled by Shakespeare with words for us, the melodies thrust full of notes by Beethoven, the forms filled with marble by Phidias—the God put into flesh by Jesus, the Christ.

(To be continued.)

Note.

Improved Empty Capsules for the Rectum.—Messrs. H. Planten & Son, New York, the pioneer capsule house of the United States, have recently placed on the market an improved empty capsule for medication in the rectum, of which we show herewith a sketch. The ordinary cone-shaped suppositories, which have done so long duty, are easily expelled, causing much aggravating annoyance and disappointment to both physician and patient.



The shape of these capsules is in accordance with the suggestions of Mr. Henry S. Wellcome, as made by him in his lecture before the Amer. Pharm. Assoc. at their annual meeting in Chicago.

This improved or Wellcome shape will be found in every way superior to any empty gelatin, cocoa, butter and gluten suppositories now on the market.

The Times and Register.

A Weekly Journal of Medicine and Surgery.
FRANK S. PARSONS, M. D.,
EDITOR AND MANAGER.

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PHILADELPHIA, JANUARY 6. 1894.

INFLUENZA.

There has been an outbreak, within the past month, of what most of our fellow-practitioners are pleased to call the grip.

In the majority of cases so named there is, doubtless, little else to be observed than symptoms of the ordinary "cold;" however, the effect upon the patient is most gratifying when, with a wise and knowing mien, the learned physician states his diagnosis to his patient as follows: "You have the grip."

We do not doubt that there are many cases of true influenza with the long train of complicating symptoms and, notably, the extreme exhaustion which does not accompany the ordinary coryza, but the too common fallacy of calling everything "grip," because there are a few cases, is to be condemned.

Coryza, bronchitis, tracheitis and such inflammatory conditions of the respiratory tract are only too common in the winter season, particularly when extremes of temperature follow each other.

If it be true, as has been recently suggested, that bacteria in cold weather, are attracted by warm bodies and, hence the greater susceptibility of contracting "colds" (assuming that all diseases are of bacterial origin), why is it that, in warm weather, one may take a violent "cold" by sitting in a cold draught of air, or having another person fan the back of one's neck?

An unusual symptom has been observed by the writer, in several cases this winter, concomitant with coryza,

viz.: occlusion of one of the eustachian canals by mucus.

While the symptom may not be more than one would naturally expect might occur at any time with any coryza, yet the singular coincidence is that, not only in the writer's experience, but also in the experience of many others, the same phenomenon has occurred.

The difficulty is easily overcome by inflating the eustachian canal by a Politzer's bag. F. S. P.

MEDICO-LEGAL QUESTIONS AND THE MEDICAL PROFESSION.

It is an old and trite saying that "The shoemaker should stick to his last;" in other words, that everyone should confine himself to his particular line of study or occupation.

Lawyers are not supposed to dabble in medicine, nor the medical man in law.

However, there is no little "moonshine" in all this sort of thing; for all well-bred ministers of the gospel and counselors-at-law are generally fully informed in many matters pertaining to medicine.

"He who pleads his own case, they say, has a fool for a client;" but nevertheless, if a practitioner would avoid the many pitfalls that lie in his path, he had better not shut his eyes to the importance of at least an elementary knowledge of medical jurisprudence.

The Hon. Clark Bell, of New York, has been indefatigable in his efforts to organize a society which would serve to bring in touch the physician and the lawyer, and through it disseminate through both professions such items of information as concern medico-legal matters.

The society now has a large and growing membership, a quarterly journal, sent to every member in every State and Territory in this country, and all the foreign nations abroad.

There certainly is great need for such an organization and such a journal, which, properly supported by the whole profession, would obviate many embarrassing and expensive suits for malpractice, and, besides, teach the practitioner just precisely what his prerogatives and obligations were.

T. H. M.

TOUTS AND TOUTING.

It is quite amusing to read through some of our exchanges the grumbling

from different quarters because some of the brethren have been doing a little "blowing" on their own account.

They have been designated "touts."

But, after all, they have been more sinned against than sinners.

Their misfortune has been that they belong to the "small fry." They have not the machinery of a medical college behind them. They have neither brass-buttoned lackeys, with a coach and four. They have no means to provide this sparkling nectar to those thirsty members of the press, with a present for your family, you know, to interview (?) them, and attend well to it that this bit of advertisement is scattered far and wide through the Associated Press.

It is an old story that "the pot called the kettle black;" the difference is only in degree, for, from all that we can gather from old Father Hippocrates down to the greatest lights of the profession, there have been those who did not hide their light under a bushel, but took good care that the world was well posted on their doings. They were shrewd and crafty, but nevertheless "touts."

—T. H. M.

Correspondence.

ACONITINE.

I trust that Dr. Waugh will pardon me if I take exception, in a measure, to his answer to Dr. H. C. Rugg, regarding the dose of the above mentioned drug in the Times and Register of November 11.

While I am aware that the tendency is to give too large doses of this, as well as many other powerful agents, yet I am of the opinion that this drug may be wisely used with far more freedom than one would infer from the remarks above referred to.

The effect of aconitine upon the tongue, locally, is no index of constitutional effect. It simply means that you have the local paralyzing effect of the drug, which will be produced as well by a 1-10,000 as a 1-100 grain dose if brought in direct contact with the mucosa.

When the tongue begins to prickle and the lips feel numb from aconitine taken internally, either in solution or in properly prepared granules, then it is time to suspend its use.

The dose of any drug is, really, the amount which must be present in the

system at a certain time to produce a certain desired effect, and it will readily be seen that this amount will vary greatly in different cases, through personal equation as well as method of giving.

There is no doubt but the solution is to be preferred, but it should be made fresh on the spot at the time of use, and the dilution should be such as to prevent any local effect upon the mouth or stomach.

The next most desirable form is the well-made granule, which, on test, will dissolve perfectly in cold water in five to eight minutes. In the warm fluids of the stomach it will dissolve much quicker, so that we may confidently expect to get its full constitutional effect in fifteen minutes, after which the dose may be repeated if cumulative effect is desired.

As I have before said, I give the drug much more freely than indicated by Dr. Waugh, one granule of Merck's Amorphous, grain 1-134, or, of the crystal grain 1-500, repeating every 15 to 30 minutes until effect is produced in an acute sthenic fever, accompanied by local congestion, or every hour in a fever of less severe type.

This is an average dose for an adult, children in proportion.

I prefer its combination with veratrine and digitalin for sthenic fevers in robust persons (a combination becoming popular under the name of Defervescent Comp. Abbott's), while its combination with strychnine and digitalin in the well-known dosimetric trinity—"Burggrave"—leaves little to be desired in fevers of an asthenic type.

The relative strength of the amorphous and crystallized aconitines is not positively known, the latter being at least four times as strong.

My experience leads me to believe that the amorphous form more nearly represents the action of the entire drug, and so I use this in all ordinary febrile conditions, reserving the crystallized preparation for use in neuralgic affections where the full paralyzing effect upon the sensory nerve endings is desired.

There are aconitines and aconitines, which lead to much difference of opinion. He is wisest who selects a good standard brand and sticks to it, for there is enough to learn in the use of one preparation of this most valuable drug.

I have selected Merck's because I believe the standard varies the least of any with which I am familiar.

There is no dose rule to be laid down that will meet the needs of every case; each one must be judged for itself and treated accordingly, giving the smallest possible quantity of the best obtainable drug to produce the desired physiological change.

There are specifics in drugs, those which always affect the economy along the same lines, but more for disease; for, as manifest in different persons, different physiological modifications are required. Hence we see the need of knowledge, judgment, care and patience, eternal vigilance being the price of success.

W. C. ABBOTT, M. D.
Ravenswood P. O., Chicago.

Sulfonal in the Treatment of the Insane.—Dr. John H. Scally (Maryland Hospital for the Insane) reports as follows concerning the action of Sulfonal:

"In treatment at this hospital, Sulfonal has been used for its hypnotic effect in the stages of excitement during attacks of acute mania, mania following epilepsy, recurrent mania, chronic mania, and also in melancholia.

"It has not been our custom to give it regularly each day, but only at those times when, owing to the extreme restlessness and motor excitability of patients, sleep is denied them. In the management of acutely maniacal patients just admitted, when it is necessary to secure immediate rest, and, as is often the case, when the patient's very lives demand it, Sulfonal has not failed in any case in which it has been used. Given in drachm doses, preferably in whisky, not only has it secured from six to eight hours' sound sleep, but it has produced quite a decided amount of motor sedation, lasting from eight to twelve hours after waking. In each case sleep was obtained within one hour after administration, and in none was any bad after-effects noticed.

"Three of our cases, two being acute mania and one epileptic mania, furnish evidence of the value of Sulfonal as a prompt and reliable hypnotic, when given in sufficiently large doses. In the first two cases both patients had been given morphine injections and other hypnotics by their family physicians with no appreciable effect. In both mania and one epileptic mania, furnish cases Sulfonal acted promptly. In the third case Sulfonal was found to act much more promptly than bromidia, paraldehyde or morphia, all of which had been previously given."

Surgery.

Under the charge of T. H. MANLEY, M. D., New York.

Supra-Pubic Lithotomy.—Lawson Tait thus describes the technique of this operation: "I make use of no precautionary measures or preparatory steps. I neither pack the rectum nor distend the bladder. I stand on the left of my patient and cut upward two inches and a half, starting immediately over the ridge of the pubic arch, exposing the tendon at one sweep. I then cut the tendon transversely over about one inch close to the bone, and cut it centrally for an inch and a half. I then pass my left forefinger between the bladder and pubic arch and follow it with a pair of forceps. I gently rend the tissue till I can feel bladder wall. This can easily be determined by its peculiar feeling, and by the fact that once the forceps grip it they hold, and they do not hold merely cellular tissues. Having fixed one pair, I then fix another close to them. My assistant takes them and gently pulls them apart, as in abdominal section; a notch of the knife follows, and a rush of water declares the road into the bladder for the forefinger to be open. The rest is all finger work, and consists as in abdominal sections of a gentle but firm extension of the opening into the bladder, till the lithotomy forceps can follow it. All my cases have recovered without complications, and though up to the present I have used a glass drainage tube, I am of the opinion that this will prove an unnecessary precaution, and that it will be safe to close the bladder by deep sutures."

—Med. and Surg. Rep.

Fracture of the Acromion Process of the Scapula.—This injury occurred to a man about sixty years of age. He was knocked over by a falling fence, and was thrown upon his left shoulder. The acromion process was fractured at its base, i. e., at the point of juncture with the spine of the scapula. The signs of fracture were: (1) Crepitus on movement being made at the shoulder joint; (2) exquisite tenderness on pressure, limited to the point of fracture; (3) the line of fracture could readily be detected on manipulation at the point indicated. This last sign was easily detected, the

bone being subcutaneous at this point. There was little or no deformity, and the only treatment necessary was to provide rest for the injured part by fixing the arm to the chest by means of a wide roller bandage.

The fracture is sufficiently rare to place the case on record. We find in "Hamilton on Fractures and Dislocations," edited by Stephen Smith, the following statement: "There is some reason to believe, I think, that fracture of the acromion process is much more rare than surgeons have supposed, and that in a considerable number of cases reported there was merely a separation of the epiphysis, the bony union never having been completed." The age of this patient precludes the possibility of a separation of the epiphysis. Bony union of the epiphysis with the spine occurs usually about the twenty-fifth year.

—The Canadian Practitioner.

NASAL GONORRHEA.

In *Les Annales des Maladies du Larynx* there are reported several cases of this gender by Vincenzo Cozzolino.

He divides them in two types:

1. The metastatic type, first described by Farcade. This is said to follow the sudden arrest of the urethral discharge by powerful urethral injection.
2. The indirect type, described by Edwards.

He describes the case of a widow, who was infected by a suspensory linen of her son, who had clap.

Sigmund reports the case of a man who acquired this type of malady by introducing his nostrils up between the labia-majora of a woman who was infected, and Renzone has seen a child with gonorrheal ozena, who contracted it through a syringe used by one who had blenorhagia.

With Ziem, Cozzolino believes that the infected natural passages are a fruitful source of ozena and ophthalmia in the newborn.

Acting on this supposition Crede always thoroughly cleanses all the eyes and nasal passages of those delivered in foundling institutions.

—Revue de Therapeutique.

Therapeutics.

Under the charge of LOUIS LEWIS, M. R. C. S., Philadelphia.

TRIKRESOL.

As its name indicates, trikresol is a concentrated preparation of cresols, the active ingredients of coal-tar oils.

It is scarcely necessary in these columns to refer to the investigations of Frankel and Laplace on the disinfecting properties of the cresols, which have proved that they possess a much more powerful antiseptic action than carbolic acid, whilst at the same time their toxicity is considerably less. These facts are fully recognized and have been taken advantage of in the preparation of a number of coal-tar preparations wherein cresols are substituted for carbolic acid. Glancing back over the long list of disinfectants and antiseptics it may be at once asked: Is a new preparation necessary?

The employment of corrosive sublimate, which has long been regarded as the most powerful antiseptic, is finding continually more limited employment not only on account of its poisonous nature, but because of its corrosive character and diminished activity in albuminoid solutions. Formalin has furnished an excellent substitute for corrosive sublimate on account of its relative non-poisonousness and great activity, and has proved invaluable in the disinfection of clothes, walls, bandages and textile fabrics.

The tar-oil preparations are, however, still regarded with great favor for surgical purposes. The cresols are the active principle of all of them. But all have the great objection that they are mixed with inactive, and in some cases injurious, substances to render them easily miscible or soluble in water, and it is also difficult to obtain them of definite strength.

By repeated attempts, however, to produce a reliable cresol preparation it was discovered that the cresols themselves, when properly purified, are sufficiently soluble in water to answer all practical purposes as disinfectants.

The crude cresols are always mixed with indifferent substances of the nature of hydro-carbons, especially with naphthalene, and also with pyridine bases, and these impurities give it a very

insoluble character. When the cresols, ortho-cresol, meta-cresol and para-cresol, are prepared in a pure state they dissolve in about 40 parts of water.

Trikresol is entirely a pure preparation of the three cresols, and therefore always of 100 per cent. strength. It is a water-white clear liquid of pleasant creosote-like odor and free from the faint smell of carbolic acid. The solubility of trikresol in cold water amounts to from 2.2 to 2.55 per cent., and as it is never required for surgical purposes of above 1 per cent., generally 0.5 per cent. strength, its solubility is ample. If stronger preparations of definite composition are required they can at any time be readily made with the aid of soap, alkali, etc. As Professor Frankel and Professor Gruber have shown the 1 per cent. aqueous solution of the pure cresols to be equal to 3 per cent. carbolic acid solution, it follows that trikresol has three times the disinfectant value of carbolic acid.

Copper in Cholera.—Moricourt considers that now that the microbic doctrine has introduced into the therapeutics of cholera a number of medicines which, to judge from the articles that have appeared on the subject, have not been attended with results in any way better than those obtained formerly, it is opportune to recall attention to a form of treatment of cholera which, in his opinion, has been left too much in the shade. He refers to the treatment by copper, which was lauded by Burq at an epoch when the question of microbes was scarcely in vogue. It was found that there was a very small mortality in cholera, typhoid and the majority of epidemic diseases, among workers in copper, as compared with those working with other metals or engaged in other occupations. In 1849 Burq succeeded in arresting the cramps of cholera by means of copper bars in the majority of cases, and in 1866 sulphate of copper given internally to patients who had scarcely a particle of pulse, heat or urine left effected 16 cures in 18 cases.

—Gaz. des Hop.

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

ON THE BRADYCARDIA OF CONVALESCENTS.

The bradycardia of convalescents is not a pathological manifestation of sudden growth; it is developed progressively, in proportion to the falling of the pulse and parallel with the lowering of the temperature.

Generally it only lasts a few days; at most, a week.

In slight cases it is unaccompanied by any appreciable pathological signs, or simply pallor and coldness of the extremities, as is usual in persons recovering from an acute febrile disease.

Few patients are aware of the condition.

The apex beat, when it can be felt, is weak, but is in the normal situation.

The heart is normal in size, the pulse usually of small volume, compressible, and often decrotic. Even in slight cases a certain irregularity of pulse was present, but disappeared with the improvement of the condition. There is always a certain amount of cardiac insufficiency.

It is to be inferred from this that the slowing of the cardiac beats is not the expression of primary functional anomaly, but that it is only a partial manifestation of disordered function, which in its highest degree is expressed by cardiac failure.

The author wished to know what influence atropia exercised over the cardiac functions in cases of bradycardia.

He found that the slowing of the pulse in these was much less pronounced than in healthy subjects. It is, therefore, not a consequence of excitation of the vagus. It is, in short, only the expression of cardiac irritability due to weakness.

—Revue Generale de Medicine, etc.

PHENOCOLL IN MALARIA.

BY DR. A. CICOGNANI.

The rapidity with which the administration of Phenocoll Hydrochloride is extending in Italy and usurping the place so long held by quinine as the specific against malarial fever is truly remark-

able. From the baths of Polesina Dr. A. Cicognani communicates to "La Rassegna Medica," of Bologna, his observations on the use of the remedy in nine cases of malarial fever. Five cases were of daily fever, two of ternary and one of quaternary type, in all of which the administration of phenocoll was followed by a prompt reduction of the fever. Details are given of one or two cases which especially demonstrate the value of phenocoll against malaria.

Case I.—C. A., aged 64 years, entered the hospital about the 1st of July, 1893. The evening temperature was taken, but showed the patient to be perfectly free from fever. The evening of the second day the patient complained of cold, and the temperature was found to be 103.5 degrees, the following evening 100.5 degrees, whilst for two subsequent days there was a remission of the fever, when the temperature commenced to rise again. A careful diagnosis revealed nothing worthy of remark in connection with the respiratory or circulatory apparatus. The liver was slightly enlarged, the appearance of the patient chlorotic. The accession of fever always appeared at the same hour, and was accompanied by severe shivering fits. The gait and family history of the patient all pointed to malarial fever. At the commencement bisulphate of quinine was administered, decoction of cinchona bark and Fowler's solution, but the fever persisted, and daily injections of six grains hydrobromide of quinine were therefore tried, but with equal want of success.

Phenocoll hydrochloride was consequently tried; 15 grains were administered two or three hours before the time at which the fever usually appeared. The two following days the fever did not appear, but on the third day, the remedy being discontinued, there was a slight return. Consequently the administration of phenocoll was continued, and the temperature of the patient thereby maintained between a minimum of 97.8 degrees and a maximum of 99.1 degrees. When the remedy was discontinued, after six days, there was not the slightest return of fever, and the patient left the hospital completely cured.

Case 2.—Dr. Guiseppe Finza was called to see M. C., suffering from broncho-pneumonia, with a suspicion of tubercular disease. On closer inspection it proved to be, however, a complicated case of malarial fever. Phenocoll was administered and the fever gradually abated.

Cicognani found phenocoll equally effectual in all the other cases treated by him. The most suitable dose he found to be 15 grains for an adult, and eight grains for a child under 10 years of age.

The Knee-jerk in Diabetes.—Grube has investigated the condition of the knee-jerk in 184 cases of diabetes mellitus. In general he has used the method recommended by Buzzard, coupled with Jendrassik's reinforcing device. As only one examination was made in 56 of the cases, he excludes those from consideration. Of the 128 remaining cases, the knee-jerk was normal in 113 and increased in 2. In the latter cases the patients were suffering from a severe form of diabetes; their urine contained large quantities of sugar and acetone, and they were too feeble to walk. Under treatment these patients improved; their knee-jerk then became normal. In 4 cases of severe diabetes the knee-jerk was absent or greatly diminished. One of these patients had bilateral neuritis with trophic derangements. The phenomenon was absent in 9 slight cases. Excluding 3 of these—because two of the patients were tabetic and the third was too obese to admit of satisfactory examination—there were only 10 patients (7.6 per cent.) in whom the knee-jerk was abolished or much reduced. The author contrasts his results with those recorded by other writers. Bouchard, who first described loss of knee-jerk in diabetes, found the defect in 36.9 per cent. of cases, Williamson in 50 per cent. Grube concludes that absence of knee-jerk has no prognostic significance in diabetes; in diabetic coma he has seen brisk reaction to percussion of the patellar tendon.

—British Medical Journal.

Bacteria are likely to be blamed for all the ills that flesh is heir to. Professor Schenk now maintains that what we call a "cold" is really due to these invisible pests. When one enters a cold

room after being heated, the bacteria in it flock to the warm body and enter by the open pores of the skin. Whatever may be said of his hypothesis, he seems to have proved by experiment that bacteria in the neighborhood of a warm body moves towards it. The confirmed smoker may derive some comfort from the fact that tobacco is inimical to them.

—Indian Medical Reporter.

"Fever, unless it be high, requires no special treatment. In urgent cases only ought antipyrin to be given. As a rule, cold applications to the head will act well when there is a tendency to convulsions. Cold applications to the heart will reduce the temperature of the whole body. A warm bath will frequently do good. I do not advise bathing or handling the child much while the convulsion is on. When thirst is very great, small quantities of ice-water should be given often, or seltzer water, or vichy or apollinaris. Also water to which dilute muriatic acid has been added in the proportion of one to three or ten thousand."

—A. Jacobi, M. D., *Intestinal Diseases of Infancy and Childhood* (Davis).

Tuberculin Treatment in Egypt.—Schiess Bey and Kartulus give results of treatment with tuberculin in 48 tuberculous patients. They find that in the Egyptian climate the treatment is harmless if commenced with small doses, and that even patients with advanced phthisis may be treated by this method. They have compared their cases with others in which, though tuberculin was not used, the other conditions were the same. Their conclusions are in favor of the use of tuberculin; by its aid, they say, commencing pulmonary tuberculosis gets well certainly, and in a few months, while advanced cases may also recover, though more slowly. Very severe cases, with vomicae, hectic fever and night sweats, they admit, are unsuitable for this treatment. Scrofuloderma got well more quickly than lupus, and tuberculin was also found useful in certain tuberculous affections of the joints and bones in combination with surgical treatment. The Egyptian climate is, they think, especially suitable for the tuberculin treatment.

—British Medical Journal.

Miscellany.

THE PUBLICATION OF PHYSICIANS' PORTRAITS.

The following letter was recently sent to the editor of the "New York Medical Journal:"

Sir: Your reference to our calendar for 1894 demands our attention. While you did not mention us by name, the reference is so direct that the physicians who received the calendar cannot but know to whom you referred.

It has been our custom for several years to send to the medical profession throughout the United States portraits of eminent physicians and surgeons, and, inasmuch as their distribution has been scrupulously confined to medical men of good repute, no objection has been offered by those gentlemen whose likenesses we reproduced. Not a copy of this calendar, nor of any of our other numerous publications, has ever been sent to the laity.

Maltine is distinctly not a "patent medicine," nor has it ever been advertised to the public, and therefore we have considered it within our province to distribute portraits just as we have promulgated testimonials from the most eminent physicians and chemists in this country and Europe.

We have statistics to prove that ninety per cent. of the physicians of the United States prescribe maltine. This fact, in addition to the fact that we reach the patient only through the physician, would seem to amply vindicate our use of the likeness of a physician whose pictures are on public sale and have continually appeared in the public press, and who is well known as a public man.

The portraits referred to were not used to push the sale of our preparations, as was the portrait of Dr. D. Hayes Agnew, recently published by us. It will be remembered that we printed under Dr. Agnew's portrait a fac-simile of his indorsement of maltine. Our only reason for publishing the portrait of Dr. — was because we thought it would interest his medical brethren, who have shown so high an appreciation of the series of likenesses we have already published.

We should like further to say that as soon as objection was made by him we

suspended the distribution of the calendars, as we would not knowingly offend even one of the honorable profession to whom we are so greatly indebted.

—The Maltine Manufacturing Company.

A "KENDAL ROOM" FOUNDED.

The reading given at the Medico-Chirurgical College by Mrs. Kendal recently netted \$525. The Ladies' Aid Society of the hospital have furnished a room, which in future is to be known as the "Kendal Room," and will be set aside for indigent members of the theatrical profession who become ill while in the city. Mrs. Kendal not only gave her time and talents free for this beneficent charity, but also assisted in sewing several garments for inmates.

The Use of Cocaine in Small-Pox.—Dr. Samayoa, (La Escuela de Medicina of Guatemala; Pacific Med. September 1893), after using this alkaloid in several cases of small-pox, states his results as follows:

1. Cocaine given continuously from the beginning can completely abort the disease.
2. If given after the eruption has appeared, it will transform confluent or hemorrhagic forms into the discrete.
3. Sometimes, when the cocaine is given from the beginning of the disease, the eruption assumes a corneal aspect, and the pustules collapse before the usual time.
4. Cocaine prevents suppuration, hence there is no secondary fever, and no pitting.
5. To obtain these results it is necessary to give cocaine as soon as the initial symptoms appear, and must be continued, without interruption.
6. The best preparation is the hydrochlorate, and should be continued five or six days or even nine if necessary.

The International Medical Congress at Rome.—The undersigned, Chairman of the American National Committee of the Eleventh International Medical Congress, has received the following

communications from the Secretary General:

First. Papers to be read in any of the Sections of the Congress should be announced on or before January 31st, 1894, to the Secretary General, Prof. E. Maragliano, Ospedale Pammatone, Genoa, Italy.

Second. The title of the paper ought to be accompanied with a brief extract of its contents and conclusions.

Third. The programme to be distributed will contain the titles of all the papers announced before August 31st, 1893, and since.

Fourth. The reductions granted by the railway companies months ago will be available from March 1st to April 30th, 1894.

In the interest of such medical men as will sail for Europe before official cards will have been received from the General Committee, the undersigned proposes to supply in as official a form as he thinks he is justified in doing credentials, which are expected to be of some practical value. It is suggested, besides, that a passport may increase the traveler's facilities.

A letter of the Secretary General's, dated November 29th, informs me that "traveling documents" will be sent to the address of every subscriber on or before February 15th, 1894; and that after that date congressists will have to apply to the undersigned.

It also contains the following regulations of former circulars:

Members' dues are five dollars (money order to Prof. L. Pagliani, Rome), guests' (wives and adult relations), two dollars; medical students, no fees. All are entitled to traveling documents.

Reduction on the Italian railways are available from March 1st until April 30th.

A. JACOBI, M. D.
Chairman Nat. Committee.

"I am a part of all that I have met;
Yet all experience is an arch where
through
Gleams that untraveled world whose margin
fades
Forever and forever when I move.
How dull it were to pause, to make an
end,
To rust unburnished, not to shine in use!
As tho' to breathe were life! Life piled on
life
Were all too little, and of one to me
Little remains; but every hour is saved
From that eternal silence, something more,
A bringer of new things; and vile it were
For some three suns to store and hoard
myself,
And this gray spirit yearning in desire
To follow knowledge, like a sinking star,
Beyond the utmost bound of human
thought."

—Tennyson.

Prescriptions.

EASY RULES FOR CONVERTING ONE SYSTEM INTO THE OTHER APPROXIMATELY.

One gram equals 15 Troy grains.
One Troy grain equals 1-15 gram.
One cubic centimeter or fluid gram equals $\frac{1}{4}$ fluid drachm.
One fluid drachm equals 4 cubic centimeters or fluid gram.
Hence—To convert Troy grains to grams or minims to cubic centimeters divide by 15.

To convert apothecaries' drachms into grams, fluid measure, multiply by 4.

The easiest way of writing prescriptions in metric system is to place the same numerical weight necessary for one dose in grains or minims in grams and divide into 15 doses, thus:

	Grains.
R Pulveris Doveri	10
Saccharis lactis	20
M. Ft. chart No. 1 converted will read:	
	Grams.
R Pulveris Doveri	10
Saccharis lactis	20
M. Ft. chart No. 15.	

PHTHISIS.

	Gram.
R Emulsion Oleocreasote.....	475
Phosphate of Soda.....	13
Phosphate of Potash.....	780
M. Sig. A tablespoonful three times a day.	

MALARIAL ENLARGEMENT OF THE SPLEEN.

	Gram.
R Quin. sulph.....	390
Ferri sulph. exsic.....	585
M. ft. pil No. xxx. Sig. Four or five pills during the day.	
Or,	

	Gram.
R Pil. ferri carb.....	390
Acid arsenios.....	1065
Quin. sulph.....	260
M. ft. pil No. 40. Sig. Two pills three times daily.—Barthlow, Ex.	

ointment FOR SCABIES.

	Gram.
R Creolin	2
Vaseline	40
Apply freely to the affected parts every day. Four days suffice for a cure. Creolin is rapid in action, unirritative and innocuous. The entire body may be covered with it without inconvenience.—Qaceta Medica de Catalana.	

GENERAL NERVOUSNESS AND DEPRESSION OF SPIRITS.

The following is given by Dr. Emmet:

	Gram.
R Strychniae sulph	2
Quinae sulph.....	2
Ferri pyrophosphat	8
Spirit chloroforml	12
Glycerine Qs. ad	125
M. Sig. One teaspoonful in wine-glass of water four times a day.	

—New Albany Medical Herald.

SICK HEADACHE.

	Gram.
R Sodii bicarb.	
Bismuthi subcarb.	
Pulv. acaciae.....	a.a. 4
Spts. ammon. aromat	8
Ammonii bromidii	6
Syr. zingiberl	12
Aquae dest. Qs. ad.....	250
M. Sig. One drachm, as required. Repeat if necessary.	

—Virginia Medical Monthly.

The Times and Register.

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ABSTRACT OF REMARKS UPON THE TREATMENT OF STRIC- TURE OF THE SIGMOID FLEXURE AND OF THE FIRST PORTION OF THE RECTUM.*

BY JOHN B. DEEVER, M.D., PHILA-
DELPHIA.

My object in offering a few remarks upon stricture of the sigmoid flexure and of the first portion of the rectum this evening is to obtain the views of the Fellows present upon this, which is certainly a very important subject, and to place upon record a case of stricture of the terminal portion of the sigmoid flexure and of the first portion of the rectum, recently under my care, in which the passage of a flexible rubber bougie (Wales) but one size, French scale, larger than that which had been passed many times before, caused perforation of the rectum below the stricture, resulting in the death of the patient within 24 hours thereafter from peritonitis.

The diagnosis of stricture of the second and third portions of the rectum is readily made by the sense of touch.

When the index finger is not long enough to reach beyond the second portion with the patient lying on the back, it may be done with ease if the patient be turned upon the left side and the thighs slightly flexed upon the abdomen and the finger introduced into the anus from behind.

Contraction in this part of the bowel can often be diagnosed by the introduction of a short, flexible Wales bougie, but the finger is the more trustworthy instrument. This, too, is the only portion of the bowel where we will all admit that the operation of proctotomy for the relief of a contraction is admissible.

The soft, flexible rubber bougie is the only instrument that can be carried

safely as well as surely through the upper portion of the rectum and the sigmoid flexure. The use of the non-flexible rectal bougie is not only an unsafe instrument, particularly where the stricture is situated beyond the second portion of the rectum, but one which may mislead the surgeon in making a diagnosis of stricture when it does not exist.

On account of the bend made by the junction of the first and second portions of the rectum it can be readily seen how the point of a non-flexible bougie is arrested by contact with the wall of the bowel at this point, which offers resistance to its further passage, and a diagnosis of a pathological obstruction made; or, it may be that the bowel, owing to the meso-rectum which, if preternaturally long, will be carried in advance of the point of the instrument to or beyond the median line in the neighborhood of the pubis, while if the instrument by chance should pass into the sigmoid flexure, the latter, owing to the meso-sigmoid, may be carried to or beyond the median line in the neighborhood of the umbilicus, which, in either event, might give rise to the belief that the bougie had passed into the bowel beyond, if not through, a supposed stricture.

With the subjective symptoms of stricture of the large bowel present, namely, constipation, or may be attacks of diarrhea, the passage of ribbon shaped stools or of choppy stools covered with mucus and blood, or preceded or followed by the passage of mucus and blood attended by tenesmus, the lower portion of the rectum being intact, as proven by a digital examination, it does not absolutely follow that a stricture is the cause in all instances, as we may see this train of symptoms consequent upon a sub-acute or chronic catarrhal inflammation of the colon, of the sigmoid alone, or in ulceration of the sigmoid flexure; therefore, before

* Read at the meeting of the Philadelphia Academy of Surgery, Dec. 4, 1893.

we can get more definitely at the exact condition of affairs it will be necessary to resort to instrumental interference in the introduction of graduated sizes of flexible rubber bougies, when a diagnosis can generally be arrived at with a very fair degree of certainty.

This should be done with all due care, and preferably by one experienced in the use of these instruments, as it has been demonstrated, particularly in the case I report to-night, that serious results can accrue from even the passage of a soft instrument, which argues strongly against the use of non- or semi-flexible instruments. From the relation the first portion of the rectum holds to the second when the former is the seat of extensive thickening or the walls contain a growth, upon digital examination this can usually be detected. In this class of cases, as in disease of the second and third portions, if in the female, much can be learned by careful digital examination of the vagina.

I have on several occasions been able to feel with the finger masses in the first portion of the rectum, as well as the presence of a growth which had assumed some size in the terminal portion of the sigmoid, by carrying the vault of the vagina well in advance of the examining finger, aided, too, by counter-pressure made over the abdominal walls. Further, I believe these examinations are better made without ether, having the feelings of the patient to guide us, and with less risk of injuring the bowel.

Where a mass is suspected in connection with symptoms of stricture, which would suggest malignant disease, there is considerable to be gained, however, by giving the patient ether, under the influence of which the abdomen can be palpated more satisfactorily.

Another means of diagnosis, that of dilating the sphincter of the anus and the introduction of the hand into the rectum and the sigmoid, I have never had the courage to do.

In cases of great doubt, rather than resort to the last procedure, I deem it more advisable to do an exploratory abdominal section.

Exploratory abdominal section, however, done for the purpose of diagnosis in the questionable cases of stricture of the sigmoid and the first portion of the rectum, I am not a strong advocate of, as I think that a diagnosis in the

majority of cases should be made without resorting to so complicated a measure.

The operation should be the natural sequence of the diagnosis and not the diagnosis of the operation. Perfecting one's self in diagnostic attainments is certainly more creditable to a surgeon than to feel forced to have to open the belly cavity to determine that which may be done without.

The majority of cases of benign stricture involving the first portion of the rectum are amenable to treatment by either the bougie or colotomy. Stricture of the sigmoid flexure, very rare except when of malignant origin, is not nearly so favorable for gradual dilatation by the bougie. Stricture here located, be it benign or malignant, if the inflammatory process has not advanced too far to permit of resection and anastomosis, or perhaps circular enterorrhaphy, the most that can be hoped for in the majority of instances is the establishment of an artificial anus in the loin.

The choice between iliac and lumbar colotomy must depend upon the merits of each case.

In benign stricture of the sigmoid flexure and of the first portion of the rectum, I recommend gradual dilatation by means of the flexible rubber bougie. When this is not possible, more radical measures must be adopted.

In malignant stricture of the above portions of the bowel the bougie can do nothing other than harm; directly, by hastening the diseased process, and, indirectly, by misleading the patient in having him believe that an operation will not be required.

I believe the earlier radical operative interference in malignant disease of the bowel is instituted the better, and that if this practice was followed in all instances patients' lives would certainly be very materially prolonged and, in some cases, the disease perhaps be eradicated by removing it while yet local.

The advisability of furnishing the patient with a bougie and instructing him to pass it himself I am inclined to question; I think this is better done by the surgeon. In addition to instrumental and operative treatment, much is to be gained by constitutional treatment, particularly if the case be of specific origin; but unless the history clearly points to this we should be careful not to push the treatment too

far for fear of the debilitating effects; by attention to the general health, by the administration of tonics, by advising the proper diet, by giving tonic laxatives to have the bowels moved daily.

In cases where tenesmus is excited by the presence of a collection of mucus it is advisable to introduce a long flexible rubber tube beyond the stricture, through which the bowel can be irrigated with warm water or with mild antiseptic astringents.

The following is the case I have referred to above: F. W. R., aged about 30, consulted me July 27, stating that he had a stricture of the large bowel, for which he was passing at intervals of from four to five days Nos. 9 and 11 Wales bougies by the advice of his physician. Upon being questioned, he described the symptoms characteristic of stricture of the sigmoid flexure or of the latter and first portion of the rectum. He further stated that without the aid of medicine taken internally or the use of enemas it was impossible for him to have a passage.

Digital examination of the rectum revealed nothing other than a rather capacious organ. Examination with the bougie showed the presence of an unquestionable obstruction nine inches within the anus. I advised continuance of the local treatment, but disapproved of his using the bougie himself. I passed a bougie up to the time of his last visit to me, when, upon introducing one a size larger than the one usually used, namely, No. 12—which I had also passed before with but little difficulty—as the point of the instrument was engaging in the stricture he suddenly lurched forward upon the operating chair, and before I could withdraw the instrument he rebounded, as it were, upon the point of the bougie. This was immediately followed by severe abdominal pain. I feared the bowel had been penetrated on the anal side of the stricture, but was not certain, as the instrument was withdrawn clear of blood; neither was there any blood passed after its withdrawal. I advised that he go to the hospital, where he would have the benefit of absolute rest and at the same time give me the opportunity of having him closely observed.

Contrary to my advice, he went to his place of business, but came back to my office some time afterward, complaining of the pain being as severe as

when he left me earlier in the morning. He now consented to go to the hospital. The pain was so severe as to require large doses of morphine to relieve him. He would not consent to an abdominal section, therefore I was powerless to do other than administer anodynes, counter-irritants, etc. He died the following night. The abdominal walls remained perfectly rigid, with the absence of tympany until four hours before he died, when there was pronounced distention.

An autopsy made shortly after death showed the presence of a purulent peritonitis and a linear stricture involving the terminal portion of the sigmoid flexure and the first portion of the rectum. The bowel immediately below the stricture, which was very much dilated, with the wall nearly as thin as tissue paper, showed a perforation. Upon opening the bowel there were present cicatrices, which were evidently the result of ulceration. There were present old adhesions in the abdominal cavity in the neighborhood of the descending colon and sigmoid flexure. Upon opening the chest there were present adhesions at the apices of the lungs. No further evidence of organic disease.

A few hours before his death, in a conversation with his mother, I learned, much to my surprise, that he had for some time back been giving himself an enema after each meal; this, to some extent at least, evidently accounted for the very much dilated and thin condition of the wall of the bowel, rendering it susceptible to penetration by the bougie.

DIFFICULTIES IN MICTURITION OF UTERINE ORIGIN.

PAR LE DR. E. LOUMEAU.

(Journal De Medicne De Bordeaux. Translated
by T. H. M.)

This author directs attention to the intimate vascular and nervous relations between the urethra, bladder and uterus in the female, and the attendant diseased conditions which occur in consequence of their physiological modification, as puberty, pregnancy, the menopause, etc., besides pathological deviations; as congestions, inflammation or neoplasm.

Hyperemia or inflammation may be propagated from one viscus to another by reflex or mechanical action, as compression.

Indeed, in some of the older works, authors have consecrated numerous chapters to those vesical conditions arising in consequence of uterine lesions or derangements; and claimed that in the female fully as many sequelae occurred in consequence of such types of cystitis, as are seen result from stricture in the male urethra.

He saw many very obstinate types of cystitis and distressing cases of vesical tenesmus produced or greatly aggravated by pregnancy and by tumors.

He then cites two very serious cases which came under his care, and were promptly relieved after others had endeavored in vain to cure them.

Their most constant symptoms were great distress in passing the last few drops when blood would follow.

Another constant symptom was incessant micturition. This state was sometimes attended by pyuria. But this feature, however, is rather of a functional than of an organic origin. It is on par with what Boyer designated "fissure sans fissure;" hence, why we may have that paradoxical state of "cystitis without cystitis."

Observation I.—Cystalgia, provoked by uterine cauterizations with nitrate of silver; cure effected when those cauterizations were discontinued.

History—M. C., 42 years old, came to consult, last winter. Regular since she was 12 years old; married at 15 and had her first child at 16. Soon after complained of pain in the pelvis, on the left side.

Was treated for salpingitis. Afterward, when about 30 years, was first treated for cervical ulcerations.

From this time on, with varying intensity, she had bladder symptoms.

In July, of the present year, had violent cystalgia, two days after the use of caustics on the uterine cervix. The entire vesical region of the pelvis, with the upper floor of the vagina, was exquisitely sensitive.

Exploration of the bladder was quite impossible. Discontinuance of the caustic, with rest, warm injections and demulcent drinks, promptly relieved her of all painful symptoms, and since then she has remained in perfect health.

Observation Second.—History—Patient virgin, 32 years old; complained of pain recently. Her great distress was always after menstruation.

Discovered a condition of sub-acute metritis, with vesical congestion.

By the free use of warm douching of the vagina, with the instillation of from 10 to 20 drops of warm, distilled water into the bladder, and hot cataplasms over the hypogastrium great relief was secured.

This, combined with active, internal treatment, soon restored her to her former perfect health.

PHILOSOPHY OF MAN.

BY JAMES E. GARRETSON, A. M., M. D.

(Continued from previous lecture.)

Intention is to impress a conviction that Spiritual is only another name for Form; that spiritual things are no more of relation with any supernatural than are microscopic things. Misnomer is with definition of the word spiritual. To correct such misnomer let the term Egoistic be used.

In no sense, save as to manner and application, is Egoistic sight different from microscopic sight. Both alike are means of seeing things not otherwise seeable. But neither of them is means of seeing things which do not exist. As well is it the case that any and everything seen or seeable by a sense is within the circle of the capability of the sense; hence, to call Egoistic spiritual is to pronounce Ego spirit, a naming to which no objection is to be made if with it go acceptance of oneness as to Natural and Spiritual.

Ego's circle is one with what is to be called Man's circle. This circle is an Eternal Now. Nothing that is if concern to mortals is outside of it. Visible is in it, invisible is in it; it holds high and low, broad and narrow; it contains heaven and hell.

All that is contained in a circle must be useable in order not to be useless. Means must exist for sight of forms if forms have use, and that forms are seeable, and have use, is not to be denied, save by him who has not considered the lessons lying with inventions.

Surely a very little attention given the subject of inventions satisfies of the existence of forms. It satisfies as well that forms are not any more distant than is matter. It must also satisfy that the use of the one is not any more natural or unnatural than is use of the other.

Every form tends toward birth, or materialization. Music seeks expression by notes. Poetry craves words. Architecture seeks buildings.

Does music, or poetry, or architecture go away without getting back, or trying to get back? Are not musician, poet and architect seen to be in continuous unrest by reason of a materialization demanded of them? Is it not also thus with an inventor? Do any of these Sensitives eat, sleep or in any way live comfortably until materialization is secured by the form seeking a bringing forth at their hands? Consider the thing called birth. Is this other than Ego come to materialization?

Ideas and Egoes being alike forms, is that to be too hastily denied the latter which must be universally admitted for the former? Is it fraud, nonsense or deception to claim materialization, temporary or permanent, for an Ego that has had form and that has fallen away from it?

One is to go no farther than senses which he uses carry him. There are poets and musicians able to see and hear, but who are lacking in materializing power. Inventors are everywhere, but only a very few can fill a form that is seen with matter. What are seen and heard by Sensitives lacking materializing power are one with what philosophy describes as Subjective. A Subjective is the line seen between lines, it is the picture of the coals, it is anything that is present with a beholder, yet not seen, felt or heard by a bystander; apparitions offer themselves in illustration.

Reference may here go back to the Witch of Endor. "Then," said the woman, "whom shall I bring up unto thee?" And he said, "bring me up Samuel."

And when the woman saw Samuel, she cried with a loud voice: And the woman spake to Saul, saying: "Why hast thou deceived me? for thou art Saul."

And the King said unto her: "Be not afraid; for what sawest thou?" And the woman said unto Saul, "I saw gods ascending out of the earth."

And he said unto her, what form is he of? And she said, An old man cometh up; and he is covered with a mantle. And Saul perceived that it was Samuel, and he stooped with his face to the ground, and bowed himself.

The account of the transfiguration applies.

And after six days Jesus taketh

Peter, James, and John, his brother, and bringeth them up into an high mountain apart, and was transfigured before them; and his face did shine as the sun, and his raiment was white as the sun, and behold there appeareth unto them Moses and Elias talking with them.

Then answered Peter, and said unto Jesus, "Lord, it is good for us to be here; if thou wilt, let us make here three tabernacles; one for thee, and one for Moses, and one for Elias."

While he yet spake, behold, a bright cloud overshadowed them; and behold a voice out of the cloud, which said, "This is my beloved son in whom I am well pleased; hear ye him."

And when the disciples heard it they fell on their face, and were afraid.

And Jesus came and touched them, and said, "Arise, and be not afraid."

And when they had lifted up their eyes, they saw no man, save Jesus only.

A poet sees things that he does not materialize, and a musician hears sounds that he does not get into note. What of the things referred to? Were the sights and sounds seen and heard objectively or subjectively? The sights and sounds seen and heard by poets and musicians and, materialized in the innumerable instances by them, make clear that they could have been either.

Many of my hearers are familiar with the Rosicrucian described in the second edition of the book "Nineteenth Century Sense." The person alluded to, one of Philadelphia's greatest physicians, has lately died. I knew this man as a sensitive of such a degree as to quite justify the appellation given him of "illuminate." I have never known one who saw more or felt more. This egoistic enlarged during his sickness, as the organic dwindled away from between it and the light.

Going into his chamber on a morning preceding his death by a week, I found him in a state of ecstasy. Grasping my hand he exclaimed: "I have seen! I have seen! Oh, what I have seen! Oh for language that might render even approach to description possible!" He fell back exhausted exclaiming, "Oh, what I have seen. Oh, what I have seen."

Nothing of what he saw had been seen by watchers who during the night sat by his bedside.

Egoistic is relation with the ordinarily unseeable.

(TO BE CONTINUED.)

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A Weekly Journal of Medicine and Surgery.

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OUR NEW DEPARTURE.

As announced in the last number of the past year, the "Times and Register" has changed the style of its composition to meet the requirements of this progressive age for a first-class weekly medical periodical, at the exceptionally low price of one dollar a year.

We do not wish our readers to think that we are content to rest at this point, however.

We have placed before them a journal concise in its makeup, neat in its appearance, and practical in its substance. From this point we propose to better and enlarge the "Times and Register" as our support warrants, which, from present indications, will not be very long.

We feel confident that under the department heads our readers will appreciate, from week to week, the recent translations and original work of our very efficient staff.

We expect, before the end of the year, to be able to give considerably more space to reading matter than at present, but we realize that it is quality that tells rather than quantity, and that one good article is worth a thousand poor ones.

The very substantial appreciation we have received of late in the large amount of new subscriptions sent in as-

ures us that already our efforts have not been in vain; and from the commendatory letters, which we only regret our inability to publish, we feel that our efforts to make the "Times and Register" indispensable to every practitioner of medicine well worth the hard work which has necessarily been expended to place it on this basis.

F. S. P.

THE PRESENT STATUS OF SURGERY.

Mechanical ingenuity combined with progressive chemistry and rapid advances in microscopical-anatomy have served to give an immense impetus to modern surgery.

The gum-theory in the etiology of disease, too, has contributed a large share towards opening up new fields hitherto regarded as inaccessible to the scalpel.

Yet, notwithstanding all this, it remains an open question, whether or not the domain of operative-surgery has not been spurred too far, and whether the sum total of life has been extended by the present too common custom of cutting into everything.

To the impartial observer there is a growing conviction, that his speculation is beginning to swing the other way; that many operations are ill-timed, and needless; therefore little better than mutilation; through which not only is life often needlessly imperilled, but the unfortunate patient has been left in a state much worse than if nothing whatsoever had been done.

It should be remembered, and practiced as an axiom, that in no instance whatever should any description of surgical operation be undertaken by anyone until all constitutional, local and palliative measures have been thoroughly tested and have failed; or when life is jeopardized by an accident, and prompt action is imperatively demanded.

Therefore, in the surgical department of "The Times and Register," its policy for the year 1894 will bear strongly on the lines of conservatism, and an endeavor will be made to cleverly demonstrate the operable from the inoperable and to describe the means through which life may be prolonged and rendered comfortable, in a multitude of cases, without resort to any of those expedients attended with the loss of blood.

T. H. M.

MODERN TREATMENT OF SIMPLE FRACTURES.

It cannot be said, during the past decade or two, that there has been any radical change in the mechanical treatment of fractures.

It yet remains an open question, whether the current American practice of fixed extension is an improvement over postural treatment or muscular retraction, the practice so strongly advocated by Percival Pott and others.

We all know that in fractures of the forearm the semi-flexed position is that which gives the greatest comfort, and produces the best results. And, no doubt, if the same principle were applied more frequently to the leg, the general results would be more satisfactory and we would meet with fewer cases of deformity or shortening.

Much has been written on the question, as to what material is the most suitable for splints at the primary dressing.

As the usual custom is to immediately apply some sort of solid materials immediately after a bone is fractured, to neglect this and not promptly "set" the limb might seem to a layman nothing less than gross negligence; but the experienced surgeon well knows that many a useful limb has been needlessly sacrificed by a strict adherence to this custom; and, that in not a few cases, the best splint is none at all; of any description whatever.

When our patient is not to be transported a considerable distance, and when there is little or no deformity, the safest practice is to delay any sort of solid fixture until reaction is set in.

T. H. M.

Annotations.

ON THE INFLUENCE OF THE PROFESSION OF MEDICINE OVER PHYSICIANS.

There is a formulated law, a fact in biology, that if life is, in a certain sense, independent of its surroundings, it is not less under their influence.

Man is no exception to this law, which explains and makes comprehensible the effects produced on him by the various professions.

An English journal (the International Journal of Ethics) inquires what may be, on the medical body, the results

of these professional influences from an intellectual and moral standpoint.

The question can only be treated in a general way, for physicians are divided into several classes, whose labors, occupations and interests are sometimes very dissimilar.

The practitioner, professor, laboratory worker, the physician fulfilling official duties, are so many varieties of the same species.

It has been pretended that one of the most frequent, widespread consequences of medical studies was a certain tendency to irreligion; and, if not to absolute and formal denial, at least to a complete skepticism touching things supernatural.

The old proverb "Ubi tres medici, duo athei"—out of three physicians two will be atheists—is translated in modern language by the formula we have all had dinned in our ears, "Physicians are all materialists."

We cannot deny the very large part due to the leaders of biological science in this direction and conclusions of philosophical research during the last hundred years in bringing about this result; but the public at large has undergone a greater transformation than the physicians, to whom these questions have always been presented, and who have in all ages been accustomed to consider as possible the solution of these problems as agreed upon at present.

This is why these solutions have excited neither enthusiasm nor repugnance; and, while outside their ranks everyone feels it his duty to violently attack or defend these modern scientific theories, physicians have entrenched themselves in a kind of indifference, of doubt, of neutrality, which is neither unconscious, irrational nor yet altogether reasonable.

This condition of mind is due to their custom of weighing facts and not jumping at conclusions hastily.

These tendencies are accentuated and become evident to all, when it is a question of certain ideas or beliefs, based on the observation of apparently unexplainable facts, of which nearly all religions present examples.

The "Divine will" in relation to epidemics has ceased to be a causative factor. Madness and epilepsy no longer pass, even with the most religious persons, as sacred diseases. Hysteria is no longer exorcised.

The list of affections that privileged oratories, or miraculous springs, have

the power of healing daily grows less. While to affirm this is not considered as being irreligious, to act upon it is so considered; and, as any physician, if believing at all, cannot refuse to admit and proclaim these evidences, the entire medical profession is considered as tarnished with atheism, while it is simply indifferent to the questions.

The public has grown used to this indifference, and does not take so much notice of it as it formerly did.

In writing his fine article on "faith cures." Charcot has not shocked his contemporaries as much as the physicians of the school of Hippocrates did, who, apropos of epilepsy, said: The disease appeared to him "no more divine or sacred than other diseases, but was due to natural causes, like the others, and those who first attributed them to the gods seem to him to be like the sorcerers, jugglers and charlatans of to-day."

It, therefore, appears that the effect of medical studies in all times has been to give more breadth and independence in ideas and judgment, more decision and firmness of mind, and not necessarily to induce irreligion or atheism in those who pursue such studies.

Passing from professing to the practice of medicine, everything in it favors a superior grade of morality in the physician. Thus J. S. Billings says: "In the first place the physician is rendered prudent in the use of alcoholic drinks—not alone from his daily experience of their ill effects, when their use is abused, but because he knows it is never good for him to drink sufficient to cloud his judgment—or to embarrass his speech—as he cannot tell how soon he may be called to a serious case."

This is only looking at it from a business standpoint, however, and moderation should proceed from higher motives.

The independence and breadth of thought was mentioned above.

Practice of the art of medicine adds to that other qualities—precision and sureness, promptitude and cool decision, philosophic indulgence for moral misery, which appears rather as disease than as vice. Sympathy with those who are in trouble, as shown by the two virtues which will ever be the honor of the profession—devotion, self-sacrifice, which is hourly called into action, and charity, given freely and without hope of reward, which in the end becomes a habit,

and which the profession assumes to itself no pride.

Trousseau, in the introduction to his lectures at the Hotel Dieu, delivered this magnificent speech to his students:

"There commences for you that priesthood that you honor, and which will honor you; that career of sacrifice in which your days and nights are, for the future, the property of your patients. You must resolve to sow in devotion what you will so often reap in ingratitude. You must give up family joys and repose, must meet distaste, mortification and danger; must not recoil from death when it threatens you, for death conquered in the midst of the perils of your profession will cause your name to be held in respect."

—Translated by E. W. Bing, from *L'Union Medecale*.

BUREAU OF INFORMATION. INCOMPATIBLES.

Are the following formulæ incompatible mixtures, and, if so, are they not dangerous?

First:—

R	Chloral hydrate.....	grains 100
	Potass. bromid.....	grains 150
	Morph. sulph.....	grains 1
	Aquæ Qs.....	ounces 8

M. Sig. Use as directed.

Second:—

R	Iodide potass.....	ounce 1
	Strych. sulph.....	grain 1
	Syr. Hypophos.....	ounces 6

M. Sig. Teaspoonful t. i. d.

Wheaton, Kan.

J. V. V.

(Strictly speaking both are chemically incompatible. The second decidedly so. The first would form a bromide of morphine, which would require a shake label on the bottle to prevent the alkaloid settling to the bottom; however, as the doses are exceptionally small, the danger would be slight if this were observed.

The second prescription is radically an unsafe one. Iodide of potassium should not be combined with an alkaloid or anything, save the bichloride of mercury, as it forms a precipitate, and the strychnia would all be taken with the last dose. —Ed. T. and R.)

RADAM'S MICROBE KILLER.

In answer to the query of R. J. C. for the formula of Radam's "Microbe Killer," I give the following as it appears in my note book:

Sulphuric acid (impure)	
(Oil of vitriol).....	drachm 4
Hydrochloric acid (impure).....	drachm 1
Red wine	oz. 1
Water	1 gallon

The formula was obtained from investigations conducted in the Laboratory of the Medico-Chirurgical College, and Philadelphia Dental College. The same or nearly the same can be found in *Potter's Materia Medica* of 1890.

SAMUEL P. GERHARD, M. D.

Book Notes

MEDICAL JURISPRUDENCE OF INSANITY. By Edward C. Mann, M. D. Published by Matthew Bender, Albany, N. Y.

This is a strictly legal work; nevertheless it is one that is necessary in the library of any physician who is called upon to give testimony regarding insanity in courts, and this is a position which may fall to the lot of any.

The book contains 408 pages of reading matter, and opens with a chapter on the general consideration of the medical jurisprudence of insanity; sexual perversion and its relation to insanity follows; idiocy, imbecility, civil incapacity and mental responsibility in criminal cases are in turn discussed; a chapter on the medico-legal relations of railway injuries, as well as one on psychology of crime, are admirably treated.

THE TREATMENT OF CUTANEOUS MALIGNANT EPITHELIOMATA. By A. R. Robinson, M. B., L. R. C. P. and S. (Edin.) New York. Published by the International Journal of Surgery Co..

The above titled brochure, well illustrated, treats of the disease as found already existing in the skin and does not attempt a discussion of the many theories concerning the etiology of cancer. The work is neatly bound, contains 63 pages and is well arranged. The various methods of treatment are well handled and a due consideration given each.

"THE PARLIAMENT OF RELIGIONS:" Published by F. T. Neely, Chicago, Ill.

This book has been previously noticed, but as we have not until recently received our copy it is fitting to again make a short note of it.

"The Parliament of Religions" is certainly a wonderful work, obviously not more so than the congress itself; but, comprising, as it does, a report of the various ideas advanced during the parliament at the World's Fair Columbian Exposition concerning the many different religions throughout the globe, it gives one a sense of wonderment at the magnitude of the undertaking.

It is a work of nearly 1000 pages of closely printed matter, and very neatly published. Everyone interested in the subject of religion (and everyone should be), should have a copy. It is an exceedingly valuable work

DR. G. ZANDER'S MEDICO-MECHANICAL GYMNASTICS. By Dr. Albert Levertin, Stockholm, 1893.

This pamphlet is published in the interest of the Zander method of gymnastics, as applied by mechanical means, to the various groups of muscles, and the articulations for the purpose of development, and for the cure of disease. The first chapters are devoted to a history of the inventor and his inventions, and a list of the various motions obtainable by their use. The application of vibration as a gymnastic exercise is claimed as a specialty by Zander. Chapter 7 treats of the method as applied to diseases of the respiratory, circulatory, nervous and digestive organs, and the various cachexias. In scoliosis the method is specially recommended and indeed is considered as a specific. A catalogue of the literature on the subject, a set of illustrations of the apparatus and a map showing the situation of the institutes using this method, completes the book.

MRS. JOHN G. CARLISLE'S "KENTUCKY COOK BOOK:" Published by F. T. Neely, Chicago, Ill.

This book, of course, is intended more for the physician's wife, or any other man's wife. It is handsomely bound, neatly printed in elegant style, and evidently intended more for the parlor or library table than the kitchen shelf. However, it is just the book for fastidious housewives, and we can recommend it to anyone wishing anything really elegant in the cook book line.

BOOKS AND PAMPHLETS RECEIVED: ERECTILE TISSUES—THEIR PHYSIOLOGY, PATHOLOGY AND TREATMENT:

By J. J. Caldwell, M. D., Baltimore, Md.

Reprint from the Charlotte Medical Journal, October, 1893.

This reprint treats particularly of the action of damiana, yerba santa, saw palmetto, liquor sedans, vanilla, black haw, pichi, stylosanthus elatior and this class of remedies in the treatment of these affections.

TWELFTH AND THIRTEENTH ANNUAL REPORTS OF THE NEW YORK STATE BOARD OF HEALTH. 1892 AND 1893, with accompanying maps.

Surgery.

Under the charge of T. H. MANLEY, M. D., New York.

REMARKS UPON THE TREATMENT OF STRICTURE OF THE SIGMOID FLEXURE AND OF THE FIRST PORTION OF THE RECTUM.

By John B. Deaver, M. D.

The author read before the Philadelphia Academy of Surgery recently a highly interesting and practical resume under this title, and, in closing, recited a case of malignant in the third part of the rectum, in which mortal peritonitis followed in consequence of the perforation of the rectum with a soft rubber bougie.

It is unfortunate that there are so few who practice the surgical art, that have the courage or honesty of Dr. Deaver and dare to publish their failures and thereby warn us of the many dangers which often lie in the way of certain apparently simple operations. This is a weakness which unhappily often marks the career of our ablest surgeons, and hence, except through the newspapers or the law courts do we ever hear of their failures.

In this case cited by Deaver the patient was a young man of 30 summers. While passing a soft, pliant bougie, in the office, the patient was suddenly seized with pain in the abdomen and gave an outcry.

But he was able to get up and return to his desk. The instrument passed was a No. 12 rectal-bougie.

The same evening he went to the hospital and died the following night of acute general peritonitis. An autopsy made shortly after death showed a purulent peritonitis, and a linear stricture involving the upper portion of the rectum. The bowel below, which was greatly dilated and as thin as tissue paper, showed a perforation.

M. DEMOSTHENES ON MODERN PROJECTILES, ESPECIALLY THE MANNLICHER RIFLE.

The author very happily remarks that it has been said by some, who have not studied the question, that the modern small bullet is a most humanitarian invention, inasmuch as it does not produce such an extensive destruction of tissue on entering the body as the large, heavy missile of the near past. But this is a most absurd assumption, and

demonstrates the misunderstanding which generally prevails on the power of modern military firearms.

The Lebel pattern is that now generally employed in the infantry forces of the German, French and English armies; all using the Schwalb smokeless powder.

The Roumanian army have lately adopted the Mannlicher rifle, which it appears from the extensive experiments of Demosthenes is the most powerful, the lightest and accurate of all.

Its destructive energy is something too much to contemplate. One-half the volume of Schwalb's powder possesses more than double the projecting power of the older kinds.

It enables one to make accurate aim. Being thus light and concentrated in potency, the soldier going into action can carry comfortably in his cartouche nearly four times as many cartridges as in former times. With the breech-loading, revolving rifle, it is estimated that from 20 to 40 accurate shots can be fired in a minute.

Demosthenes placed three cadavers in a standing position with their clothes on each from one to two centimetres apart. They were then fired at with this weapon at a distance of a thousand metres, or about six miles, with the result that the bullet when it was not arrested by a bone passed completely through the first two bodies.

At 500 metres it tore completely through all the bodies in most cases. In all, it went through the first two in every instance, doing great destruction to the osseous structures.

His experimental work was extended to the living animal, a large number of horses having been thus sacrificed. The compound action which the peculiar bore of the rifle imparts to the missile is such that, when it strikes, it so rotates and revolves on itself that it makes a very large wound.

In the greater number of horses hit at three-quarters of a mile—when the bullet entered any of the cavities—death frequently was instantaneous through hemorrhage.

At twelve hundred metres, or about nine miles, wounds inflicted by this mis-

sile were mortal, the ball passing through several coils of the intestine, whether filled or empty, and extensively lacerating any of the viscera that it came in contact with.

Hence, as M. Chauval remarks, the field hospital "Post de secours" must be placed at a great distance in the rear, as the zone of danger is everywhere within 3500 to 4000 metres, and it will be a serious affair to remove with celerity a great number of wounded. From all of which he affirms it is curious to know from what side anyone can regard the Lebel or Mannlicher musket in its effects as "humanitarian."

—Bulletin de L'Academie de Medicine, Dec. 1893.

DIAGNOSIS AND TREATMENT OF HEPATIC ABSCESS BY M. HE DR. LE-BLOND.

This author contributes a highly valuable essay under the above title. He says, as abscess of the liver often forms with remarkable suddenness in hot climates, or during the hot seasons, a correct and early diagnosis of it is necessary, in order to introduce such treatment as will effect the best chances of recovery; for he adds, unless they are recognized and promptly treated they commonly end fatally.

He admits that when their volume is diminutive they undergo retrogressive changes and subside without endangering life.

Diagnosis of their seat:—They most commonly occupy the right lobe; the convex surface in about two-thirds of the cases. In about one-fourth left lobe and rarely the lobe of Spigelius.

If the abscess occupy the convex surface the objective symptoms will be thoracic respiration, anguish, paresis of the diaphragm, a dry cough, pleuropneumonia Annesley's symptom of radiating pain through the shoulder; possibly pericarditis and icterus; all point to its definite situation.

If the concave surface be involved the symptoms rather point to the abdomen. Excruciating pain is felt in the umbilical region and in the lumbar region. Icterus is not uncommon because of the pressure of the mass in the great biliary trunks.

Diagnosis as to volume is not difficult. The exploratory-needle is extolled as a safe and most useful aid in diagnosis. When the abscess has advanced towards the periphery and firm adhes-

ions have formed, then it may be freely opened and drained without involving the peritoneal cavity.

But where there are no adhesions then the parts overlying the abscess should be divided, layer by layer, until the pyogenic membrane is reached. when it should be carefully sutured to the abdominal wall and the abscess punctured.

If the abscess has bursted into the peritoneal cavity then a laparotomy should be immediately made, the pus-evacuation and the parts thoroughly irrigated and drained. Double drainage may be necessary.

This type is the most fatal, but per incision and thorough drainage offer the best results in treatment. Indeed, without them no hope can be held out.

—Revue des Publications Francais et Etrangeres.

VARICOSE VEINS

Landerer, professor extraordinaire, of Leipsic, regards the primary processes in the pathology of varicose veins to be located in the valves. These stretch, atrophy, rupture and finally disappear when changes in the walls of the vessels set in.

The unsupported column of blood first causes an irritation, then an inflammation, degeneration and a giving away of all the coats to such an extent as to permit of great dilatation.

Coincident with this there is a malnutrition and wasting of the integument to such an extent as to form ulceration on the slightest provocation.

For treatment he generally discards all surgical operations, and recommends, rather, a properly adjusted bandage, with local bathing and rest of the affected limb.

—Medico-Chirurgicale, Nov., '93.

SEARCHING FOR THE UPPER ENDS OF TENDONS IN WOUNDS OF THE PALM OF HAND.

If the wound is usually small, and the wounded finger is in extension, while the other fingers are flexed, the indication is to suture the tendon.

Here the elastic bandage comes into use. The wound is enlarged, the lower end of the tendon is easily found. Sometimes the upper end may be found by putting the other fingers also in extension; thus, by the adhesion to the sheath common to several tendons, the upper end is brought down. To prevent re-

traction the tendon is attached to its neighbor by a fine suture.

The hand is dressed with the up-injured fingers in extension, and the wounded one in flexion. This best keeps the cut surfaces in apposition.

Felzitt in *La France Med.*

ABORTIVE TREATMENT OF GONORRHEA BY PERMANGANATE OF POTASH.

According to this author, the permanganate, locally applied on the diseased mucous membrane, is more efficient, prompt and reliable than any other known up to the present time. Among its great advantages may be enumerated its cheapness, want of odor, and as it is indolent it does not irritate, and in all cases if applied daily will cut short every case of gonorrhea.

The strength of the dosage depends on the extent of reaction present. In the acute stages, from 1-1000 grains or 1-2000 grains will suffice. After this it may be employed stronger. The injections should be always made by the physician. Three may be given in a day. It is seldom that more than twelve injections are needed.

—M. Jaet in *Annals de Derm. et Syphilog.* Oct., '93.

ENUCLEATION OF THE ASTRAGALUS FOR COMPOUND DISLOCATION.

The patient was a very heavy, corpulent man, 42 years old. He was mounted on a bus (charette), standing on the steps, which were fenestrated, when the horses suddenly started; his left heel went down between the iron rounds, and was there fixed, while the whole body was thrown, with great energy, to the ground. Now, he was dragged some distance before the horses could be stopped.

He was in great shock when lifted up. The astragalus had been completely dislocated, turned on its axis and driven through the skin. There was no fracture of the malleoli.

The astragalus was now promptly resected, under the cautious employment of antiseptics, but infection set in, and on the third day the leg had to be amputated; 24 hours following this, he sank and died.

—Dec., '93, *Medicine Modereve.*

DIFFERENT MODES OF SUTURING IN GASTRO-ENTEROSTOMY.

M. Villars states that the latest is Matigan's, whose experimental work has been altogether with the lower animals.

M. Robson has devised a decalcified bone bobbin for which he particularly claims that it will diminish the tendency of contraction at the point of anastomoses.

He claims for them, too, that their introduction is rapid and simple.

Matigan's plates are of horn and are so constructed as to maintain a wide separation of the gap until solid union of the serosa is affected. It is in construction essentially the same as Senn's.

Page collected the reports of 36 cases of ileojugunostomy in man. Of the first 18 cases 10 died. Of the second 18 five only died.

In 100 cases of anastomoses, secured by the Lambert suture, 38 died.

This author makes the rather significant remark that notwithstanding what has been accomplished recently in intestinal surgery, the French have not been enthused over it, and very rarely have recourse to it.

PATHOLOGICAL CONDITIONS CONSECUTIVE TO INJURIES.

There have been remarkable phenomena following severe injuries, noted since the earliest antiquity, and of the most curious are the sequelae which come on at varying intervals after injury, in some not for years. The following is an interesting example cited at the Bicetre: Man entered hospital June 12, 1893, for treatment of epilepsy. Hereditary history negative. At the age of four years sustained a serious burn of the face, with extensive contraction and deformity following. No neuropathic trouble following in infancy; but at the age of twenty suddenly acquired the drinking habit, with violent epilepsy. On examination of the arm and hand on the side of the burn marked atrophy was observed, with contracted state of several tendons. From this case Fere concludes that any serious injury in infancy may determine amyotrophic changes on the same side, with wasting of the limb and other conditions referable to the nervous system, later in life.

—*Revue de Chirurgie*, 10th Oct., '93.

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

TREATMENT OF THE FEVER OF PHTHISIS.

Antipyretic treatment, writes Dr. Savigny, constitutes one of the most important factors in the therapy of this disease. Agents such as the new antipyretics, of which antipyrin is a type, are not advisable. All these drugs diminish cardiac power, only influencing the fever as a symptom. Symptomatic treatment is not to be used except for cases of rapid tuberculosis, where ease is all that can be hoped for.

General hygiene should be the mainstay of treatment. Living in the open air, cold sponging judiciously used, a substantial and varied regime, exercises such an action over nutrition that it is scarcely necessary to resort to internal treatment.

Savigny tells us that Hochhalt has strongly recommended **arsenic for the treatment of hectic fever**. This drug improves the appetite, increases the weight, but, with the exception of the initial inflammation at the apex of the lung, it has no influence over the course of the lesions.

Fever is manifestly influenced when it is of concomitant and intermittent type, and when it does not exceed 39 degrees. Per contra arsenic has no action on the initial fever and rapid forms of the disease. Fowler's solution may be used, commencing with one or two drops, and increasing each day up to five or six drops; rarely more. The fever generally ceases at the end of five to twelve days.

The favorable action is not confined to the lowering of fever and stoppage of night sweats, but is extended to the improvement of the appetite and weight. After the fever has ceased, treatment with creosote may be begun.

In the treatment of fever the state of the heart must be taken into account; as a rule its action is weak. Brehmer and Detwiler recommend prolonged applications of ice; others use alcohol. Ziemsens remarked that alcoholic drinks, where there is a tendency to hemoptysis, are contraindicated, as might be readily supposed. Digitalis should be used with caution. Camphorated oil injections render service in phtthisis, by renewing the cardiac energy.

—Revue Medicale.

TREATMENT OF SMALLPOX.

Junel Renoy has tried the method of treatment of smallpox in semi-darkness. He found that it did not abate the disease nor hinder the secondary fever, and the cicatrices were not prevented. The treatment may have succeeded in some cases of varioloid, and in some cases of discute smallpox, but in grave confluent cases he did not find it of any service whatever.

—La France Med.

ALBUMINURIA WITH EXCESS OF PHOSPHATES.

M. Robin (Paris) points out three main objects in the treatment of this condition: First, to lessen general disintegration in the tissues rich in phosphorus, promote assimilation of phosphates supplied as food, and stimulate oxidation (as by cod-liver oil, arseniate of soda, phosphates with strychnine, hypophosphites, magnesia, sulphate of quinine, inhalations of oxygen); second, to favor the renewal of red corpuscles (as by iron, arsenic and strychnia); third, to combat the albuminuria (as by gallic acid, iodo-tannic preparations, mixed milk diet). These indications should be followed at stated intervals and in regular order, and succeeded by course of mineral waters.

—La France Medicale, Dec. 8, 1893.

TREATMENT OF CHRONIC BRIGHT'S DISEASE.

The following is the treatment recommended by M. Huchard for the interstitial nephritis so frequently met with in gouty subjects, and characterized by slight œdema, dyspnœa, cardiac weakness and a copious discharge of urine, with an insignificant amount of albumen:

1. For at least 15 days the patient is given an exclusively milk diet. Two quarts of milk should be taken in the day, at a rate of ten ounces every two hours.

2. At the same time a teaspoonful of a mixture of 2½ fluidounces of liquor extract of kola and 4 fluidounces of extract of cocoa is taken

twice a day in milk—at 8 in the morning and at noon, the object of which is to counteract the weakness of the patient produced by milk.

3. If the milk disagree, a little vichy water may be added, and five or six of the following wafers taken during the day—benzonaphthol, one ounce; pancreatin, $2\frac{1}{2}$ drachms, divided into 40 wafers. If the patient manifests a repugnance for the milk, a little rum, cognac, cherry laurel water, etc., may be mixed with each glass of milk.

4. Every month the patient should be submitted to this milk diet for five or six days, in order to produce a diuresis, which is the salvation of the case—to effect, so to speak, a washing out of the kidneys.

5. For three days every month a pill should be taken, consisting of one grain of each of powdered digitalis, powdered squill and scammony.

6. After the first fortnight of the milk diet solid food may be allowed, provided that a good deal of milk be employed in its preparation. During the first few months the patient should eat no meat, which is the cause frequently of the dyspnoea.

7. For 20 days each month small doses of iodide of sodium (6 to 10 grains daily) should be ordered as a heart tonic.

8. The state of the skin should be attended to; dry friction, or the application of some stimulating liniment daily, is of great advantage.

—The Med. Press and Circular.

THE TREATMENT OF DIPHTHERIA.

Dr. C. Durand, of Lockport, N. Y., in the Archives of Pediatrics, writes as follows:

The proper treatment of diphtheria justly receives a great deal of attention, and in view of the alarming mortality that generally attends it any drug that can be shown to favorably modify the course of the disease is worthy of being given an extended trial.

Lunin and Schenker, and, later, Baruch and Jacobi, have advocated the use of turpentine, and in this connection I would report a series of ten cases in which turpentine was used and to which I attribute the successful results.

The type of the disease was by no means mild as several children died in same families under other treatment. Of the ten cases, in six the pseudo-membrane was confined to the tonsils and

back of the pharynx; in two it attacked also the nose, and was attended with hemorrhage, and in two symptoms of laryngeal involvement were present. The temperature ranged from 103 degrees F. to 104 degrees F. in the several cases, and the extension of the pseudo-membrane to the nasal mucous membrane was attended by a rise of temperature from 101 degrees F. to 103.5 degrees F.

Treatment. A teaspoonful of the following mixture was given in water every three hours, and the throat swabbed with it every hour.

Gram.

R.	Tr. Ferri mur.....	30
	Potas. chlorat.....	6
	Ac. mur. dil.....	8
	Glycerine q. s.....ad.	120

M.

In addition to this sp. turpentine was given in doses of from one-half to one teaspoonful four times a day. The good effect of turpentine in the treatment of diphtheria may be due not only to its antiseptic properties which it possesses in common with other essential oils and related compounds, but also to its power of absorbing oxygen in the form of ozone, and acting as an oxidizing agent on the toxins in the blood.

INFLUENZA.

According to Dr. Mortimer Granville (London), "influenza" is a Chinese marsh fever, attended with a non-inflammatory high temperature and more or less congestion of the bronchial apparatus, and calling for tonic, nutritious and stimulating treatment throughout its course.

The high temperature is due to sudden transference of blood from the large vessels within to the small vessels of the skin and mucous membranes, and the shock to the vaso-motor centre needs support by stimulant remedies, instead of antipyrine and other coal-tar derivatives. It is not an inflammatory disease we have to combat, but a poison which threatens to kill our patients by mere collapse; and the high temperature, the congestion and the neuralgic pains are symptoms direct, arising out of, and fully explained by, the inhibitory effect of the poison upon the nerve centre." He recommends the following formula:

R—Camphoræ, 60 grains; tinct. iodi, 60 min.; rucilago acacia, $\frac{1}{2}$ ounce; glycerini, 6 drachms; ol. menth. pip., 6 min.; syr. zingiberis ad., 3 ounces.

Two teaspoonfuls every two or three hours. Also meat juice, beef tea and champagne or brandy, in moderation; and mustard poultices or turpentine stupes to chest, if indicated.

—Med. Press and Circular, Dec. 13, 1893.

Therapeutics.

Under the charge of LOUIS LEWIS, M. R. C. S., Philadelphia.

FRIAR'S BALSAM IN ULCERS—BLACK WASH IN ECZEMA—OIL OF AMBER IN ACNE.

Dr. H. S. Purdon (Belfast) extols tincture of benzoin comp. as an application to ulcers and fissures. Labial and lingual fissures are quickly healed. A drachm or two of the balsam in an ounce of zinc ointment has an almost specific action on all kinds of indolent or sluggish ulcers, no matter where situated.

Dr. Purdon advocates black wash, mixed with a tenth part of glycerine, in the treatment of eczema rubrum. Strips of linen soaked in this are applied around the effected limb, and renewed night and morning.

He also praises oil of amber in the treatment of acne (sebaceous) of the face, applying it at night, and washing off with hot soap and water in the morning.

STYRONE.

A compound of balsam peru and styrax. Occurs usually in the form of a brown, syrupy liquid, of a pleasantly aromatic odor, and a pungent, biting, persistent taste; also crystallizes, but the crystals have no advantage in use over the liquid, and costing many times as much as the liquid, the latter only is supplied. Antiseptic, deodorant, analgesic. Makes a pleasant deodorizer, in solution, used as a spray in the sick room; likewise an agreeable mouth wash, to neutralize tobacco and other odors, and is a valuable antiseptic for dental practice.

In 1 to 5 per cent. solutions it furnishes a strong antiseptic for surgical use, dissolved in olive oil, or mixed with ointment bases; it has also a record of excellent service in treatment of otorrhea.

Styrone is not in general use, and is apparently unknown to most practitioners; but its friends are enthusiastic believers in its value.

—American Therapist.

OLD-FASHIONED REMEDIES.

Dr. Samuel Wilks (London) speaks up for four old-fashioned remedies; belladonna for Graves' disease, Fowler's solution for idiopathic anemia, iodide of potassium for tuberculous peritonitis

and Dover's powder for chronic diarrhoea and dysentery. He has often met success from the use of half-grain doses of extract of belladonna, thrice daily in Graves' disease, after other agents had failed. In idiopathic anemia 5-minim doses of Fowler's solution, thrice daily, have cured many cases. Tuberculous peritonitis has succumbed to iodide of potassium, combined with the application of blue ointment to the abdomen. And he has rarely failed to arrest chronic diarrhoea and dysentery with Dover's powder, five grains three times a day, and dilute sulphuric acid.

TREATMENT OF WHOOPING COUGH WITH QUININE.

Dr. Baron has observed very good results in several epidemics, both in uncomplicated and especially in complicated forms. The action shows itself from the fifth or sixth day. It is, therefore, somewhat difficult to persuade unintelligent people to continue the treatment if they don't see an improvement at once. The dose used was:

Muriate of quinine, 0.01 per month (or a little more in stronger babes), and 0.1 per year (up to 0.4), three times a day, best at 6 A. M., at 2 and at 10 P. M. followed by an acid mixture, especially in fever patients.

—Berl. Klin. Woch.

PSORIASIS, DEVELOPED OVER NERVE TRACTS.

Thibierge presented a man, 46 years of age, who for 23 years had frequent recurrences of left-sided sciatic neuralgia, and who for the last 18 months suffered from psoriasis.

The eruption showed itself at first as streaks occupying the field supplied by the left internal saphenous nerve; then the surface supplied by the musculocutaneous nerve of the trachial plexus on each side became involved.

It then showed itself on the posterior part of the elbows, and the buttocks, but never attacked the right leg.

This would tend to show the nervous origin of psoriasis, whether it be admitted that a nervous disorder can of itself produce the disease, or whether, according to Crocker's theory, the nervous lesion simply modifies the nutrition of the skin, and favors the action of a parasitic agent.

—La France Méd.

Gynecology.

Under the charge of F. S. Parsons, M. D.

GUSSEROW ON ASCITES AND PATHOLOGICAL LESIONS WITHIN THE ABDOMEN IN THE FEMALE.

Gusserow has studied with great care all the numerous changes of apathological order in connection with the genitalia and peritoneum, which may give rise to ascites.

Non-encysted ascites he sets down as only symptomatic, or a result of pathological changes in distant organs. There is no oedema of the limbs, nor of the over-lying integuments. Such women are always thin, wasted and weak. We may find the lesion in the circulatory apparatus, the kidney or liver.

For diagnostic purposes he does not favor punctures, but rather an incision, six centimetres long, so that at the time of exploration, if we find a movable cyst, we may there and then do an operation for its removal.

Ascites of a local origin may be divided into two classes from an anatomical standpoint. The non-encysted and the encysted. The former is now generally caused by cancerous or tuberculous peritonitis.

The second group are those due to papilloma of the ovary, with true cystic formation. Besides, we may have serous cysts of the broad ligament, the mesentery or omentum, and those which are retro-peritoneal.

But in all cases of cysts we will find more or less ascitic fluid from a low type of inflammation of the peritoneum, caused by the growth in the peritoneal cavity.

—Revue de Therap. Medico-Chirurg.

Amenorrhœa and Corpulence.—Lomer described before the Hamburg Obstetrical Society a case of extreme obesity following amenorrhœa. The patient had become exhausted by prolonged lactation. She gained fifty pounds in a year, and was so fat that she could scarcely walk. She suffered badly from vertigo, flushings and epistaxis. The cervix was scarified; all the symptoms, especially the bleeding from the nose, disappeared; and the patient diminished in weight. Kirch, it was pointed out, has already practiced abstraction of blood in the treatment of excessive corpulence.

—Columbus Medical Journal.

PRIMARY CANCER OF THE RIGHT OVARY, WITH ABUNDANT ASCITES.

Per Professor Coyne, of Bordeaux.

Patient, 17 years old, entered hospital June 12, '93. Nothing particular in her history, either personal or antecedent. Menstruated first when 14 years old. Always regular since. The affection for which she entered hospital commenced with pain in the right side the year before. Some time before she came to the hospital she felt a mass in her right flank. It was very hard and readily movable under the finger. Patient now greatly reduced in flesh, with no appetite; in constant pain. The abdomen was enormously distended. On July 20th the tumor was removed. It proved to be as diagnosed—a malignant neoplasm of the ovary. It had few adhesions, and was readily removed.

—Bulletin de L'Academy de Medicine, Nov. 12, 1893.

LARAPOTOMY FOR EXTRA-UTERINE PREGNANCY AT THE TWELFTH MONTH.

M. N., age 38; first menstruation at 10 years; married at 17.

Became pregnant soon after marriage, and without any accident made a good recovery after delivery at time; at 28 she had an abortion.

On the 12th of November, 1892, she menstruated the last time. January 12, 1893, taken suddenly with severe pains in the left side. Severe cramps, ballooning up of the abdomen and vomiting followed. Under treatment these all disappeared, and the patient, from this time, went on without any mishap, enjoying excellent health.

Late in September she lost some blood per vaginam. Sponge-tents were introduced into the uterine cavity and a curette was applied, without benefit, and nothing could be found.

An examination of the abdomen was now made, and from well-marked symptoms it was apparent that the woman had an advanced extra-uterine pregnancy.

Operation on 13th of November. On opening the peritoneum the foetus, fully developed but dead, was come on. This was lifted out and the placenta ligated at its stalk and detached. Twenty hours after operation patient was doing well.

—Journ. de Medicine de Bordeaux, Nov. 19, '93.

Miscellany.

THE OLD EXCUSE.

Dr. I. Gutman, a reputable physician practicing in the lower wards of the city, was called recently to attend a woman suffering from what appeared to be menorrhagia. After prescribing for her and leaving the necessary directions, he did not hear from her until three days had elapsed. In the meantime she had been delivered of a two months' foetus by a midwife. He delivered the membranes and washed out the uterus, and the patient having been made comfortable he then requested his fee. Its payment was postponed on a flimsy pretext by the husband. The following day the fee was not only refused, but the husband secured the services of a detective who arrested the doctor for malpractice and the production of abortion. As a consequence the daily papers paraded the fact under the usual sensational headlines, virtually branding the doctor as a quack and a criminal. The doctor was honorably discharged by the Judge. These outrageous proceedings are now offset by a suit on the part of the doctor against the detective for ten thousand dollars damages. Under the circumstances who can be considered safe. Those who know Dr. Gutman and can testify to his good standing and high professional attainments, are at a loss to conjecture why he of all others should have been the victim of such dastardly persecution.

—New York Medical Record.

A GOOD ARTICLE.

It is said that "good wine needs no bush," but, nevertheless, I should like to hold a bush out for a moment in front of a package of Fehr's Talcum Powder. I see it advertised so extensively and continuously that I suppose that the majority of physicians have made as considerable use of it as I, but should such not be the case I suggest giving it a trial the next time they want a dermal powder for any purpose. It is most agreeable to the skin, whether that of a baby or an adult, and not its least recommendation is the moderate price.

ERNEST B. SANGREE.

2020 Arch street.

DR. MURPHY'S ADDRESS.

Prof. John B. Murphy, of Chicago, College of Physicians and Surgeons, has recently been the honored guest of the New York Academy of Medicine. From our correspondent we learn that the leading representative members of the profession were out in full force.

Dr. Murphy's essay was on the subject of intestinal surgery, and was a learned and exhaustive resume of the present status of this branch of surgery, illustrated by extensive exhibits in drawings and pathological specimens. He also gave a full description of the technique and application of the "Murphy anastomotic button." We had supposed that Prof. Senn had exhausted the subject, but it seems now that he must look well to his laurels, for a formidable rival is now in his way, in the person of this distinguished son of Chicago.

LINCOLN ON MARRIAGE.

"In some respects," said the gentleman referred to, "Lincoln's memory suffers by reason of his having been the king of wit. There are those who think he never said anything serious. I cannot understand how such an impression exists, but I know it does. Why, he was one of the greatest philosophers I ever heard, and his philosophy was always modestly put, but at the same time he was always so sincere in it that he was at times almost solemn.

"I remember on one occasion he was talking about marriage, a subject in which he always took the most profound interest. He said that every man who contemplated marriage should stand over a doctor with a club and make him tell the truth in reference to the chosen partner for life, if there were no other way of getting it out of him. And he went further. He declared that the parents who would allow a girl to marry a man without knowing as nearly as could be known his physical as well as his moral condition deserved to be scalped. In his opinion the whole marrying business was wrong.

"He declared that fashionable girls too often were cursed with foolish mothers, who cared for nothing but to see their flesh and blood sold to the

highest bidder. There was nothing funny in that sort of talk, was there? It ought to be framed and hung up in every home in the land. How few men knew the deeps of that master of men. What a loss to the world that he should have been taken away from it at the time when he was just being understood."

—Chicago Tribune.

PILGRIMAGE OF MUSSELMEN TO MECCA.

The number of Mohammedans who made the annual pilgrimage to Mecca during 1893 has been unprecedented, according to the official figures.

There passed through the port of Djeddah alone 95,625 of all nationalities.

The highest number ever passing through here before was in 1880, 59,659; and the smallest in 1868, 23,325.

In nationalities they were from India, Egypt, Algiers, Java, Turkey, Arabia and Persia.

—Medico-Chirurgicale, Nov., '93.

A SHAWL-PIN SWALLOWED.

A child, thirteen months old, swallowed a shawl-pin, the bead end first. Against the advice of the physician, castor oil was given liberally, and twenty-and-a-half hours after swallowing the pin, it was passed per rectum. It was three and nine-sixteenths inches in length, and the head measured seven-sixteenths of an inch in diameter.

—Boston Medical and Surgical Journal, 1893.

SPECIAL WEEK IN DISEASES OF THE HEART AND LUNGS.

The Philadelphia polyclinic has arranged to give a week upon the diseases of the heart and lungs, commencing Jan. 22, the instruction being arranged on a plan similar to that pursued in the recent week devoted to cataract.

DR. HUNT'S RESIGNATION.

Dr. William Hunt, senior surgeon to the Pennsylvania Hospital, has resigned, having served thirty years on the surgical staff.

General paralysis, locomotor ataxy and aneurism are frequently due to antecedent syphilis, and fairly warrant the employment of specific treatment in their earlier stages.

Prescriptions.

EASY RULES FOR CONVERTING ONE SYSTEM INTO THE OTHER APPROXIMATELY.

One gram equals 15 Troy grains.
One Troy grain equals 1-15 gram.
One cubic centimeter or fluid gram equals 1/4 fluid drachm.
One fluid drachm equals 4 cubic centimeters or fluid gram.
Hence—To convert Troy grains to grams or minims to cubic centimeters divide by 15.

To convert apothecaries' drachms into grams, fluid measure, multiply by 4.

The easiest way of writing prescriptions in metric system is to place the same numerical weight necessary for one dose in grains or minims in grams and divide into 15 doses, thus:

R	Pulveris Doveri	.....	10	Grains.
	Saccharis lactis	.....	20	
M.	Ft. chart No. 1 converted will read:			Grams.
R	Pulveris Doveri	.....	10	
	Saccharis lactis	.....	20	
M.	Ft. chart No. 15.			

OXALIC ACID AS AN EMMENAGOGUE.

R	Acid oxalic	.....	2	Gram.
	Aque dest.	.....	400	
	Glycerini	.....	40	
	Syr.	.....	60	
M.	S.—Two to four tablespoonfuls every hour.			

—Lancet-Clinic.

FOR HAEMOPTYSIS.

R	Quininae hydrochloratis	.....	1065	Gram.
	Pulveris digitalis	.....	a 1065	
	Pulveris opii, gr. ss.	.....	103	
	Misce et fiat pilula. Dose: One to be taken every six hours.			

—The Practitioner (London).

FOR NEURALGIA.

R	Ferri Tartarati	.....	13	Gram.
	Quininae Sulphatis	.....	13	
	Acidi Tartarici	.....	13	
	Extracti Nucis Vomicae	.....	103	
	Misce et fiat pilula. Sig. Take one three times a day.			

—London Practitioner.

AN ALKALINE QUININE MIXTURE.

R	Quininae Sulphatis	.....	1065	Gram.
	Potassii Bicarbonatis	.....	1	
	Ammonii Carbonatis	.....	13	
	Mucilaginis Tragacanthae	.....	7 80	
	Aquae Chloroformi	.....	ad. 30	
	Misce et fiat mistura. Sig. Two tablespoonfuls to be taken three times daily.			

—London Practitioner.

MALARIAL CACHEXIA.

R	Cupri sulphatis	.....	13	Gram.
	Strychnin sulphatis	.....	103	
	Ferri sulphatis	.....	4	
	Quinin, sulphatis	.....	2	
	Acidi sulphurici aromatici	.....	Qs.	
	Aquae, Qs. ad.	.....	120	
M.	Sig. A teaspoonful three times a day for five or six weeks.			

—Weekly Medical Review.

Dr. Herman D. Marcus has removed his offices to 2263 North Twenty-first street.

The Times and Register.

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WHOLE No. 802.

Original.

REMARKS ON THE RELATIONS OF THE RAILROAD SURGEON TO HIS COMPANY AND HIS PATIENTS.*

BY E. GRISWOLD, M. D., SHARON, PA.

One of the most important medico-legal subjects with which the railroad surgeon has to deal is the aid invoked of him in the settlement of claims for damages by injured employes and passengers.

The great number of railroads, the extended mileage, and the enormous amount of capital invested in them through this broad country of ours, have done more to develop its great national resources in the last twenty-five years and added more to its aggregate wealth, and probably to its population as well, than a hundred years could have done without the railroads.

Notwithstanding this indisputable fact, the great railroad corporations are looked upon by many people, some of whom have farms and homes on land that, but for the railroads, would now and for a long time to come, remain a waste, inhabited only by Indians and wild beasts, as heartless corporations, and as legitimate prey for illegitimate or fictitious claims.

When accidents, resulting in injuries, have occurred, the surgeon should act promptly, and do the best that the condition of the patient, the circumstances and environments will allow. He should adopt the best methods available and continue to practice them until the patient is restored to his normal condition, if that be possible; if not, to give as much relief as surgery can supply.

Having done this, he feels that he has done his duty to himself, his patient and his company, and finds that the patient in many cases has been

brought into a condition, both mentally and physically, that a settlement for damages, if any are claimed, is easily and economically made.

In the few cases, however, say the more seriously injured, and especially those whose nervous, mental and moral functions are disturbed, the surgeon, although he has been faithful, patient and skillful, finds at the end of his treatment that the sum of \$20,000 is what the victim thinks he needs as a cure.

From this time to the conclusion the role of the surgeon changes. He now finds he must deal with legal and psychological conditions as well as physical, and while actuated by a conscientious desire to do justice alike to patient and company, he is sometimes confronted with difficulties, even if he does not shrink from acting in accordance with his convictions—difficulties arising from the uncertainty as to the future outcome, for, while we may be fairly certain as to our diagnosis, we are often much less so in regard to prognosis.

If there have been no fractures, dislocations or wounds of the soft parts, but, instead, general concussion, cerebrospinal, or spinal, and these not in a degree to prove fatal, in a short time the case may present conditions that our best skill may leave us in doubt whether it is all real, or whether malingering may not enter into its totality as an important factor—a factor which a large verdict for damages eliminates.

But in these cases of concussion and shock, wherein the subjective symptoms are so prominent to the patient, and the objective symptoms so hidden to the surgeon, the financial agent and the surgeon should, in the interest of justice to the company, act in intelligent co-operation, and, if possible, bring about an amicable and early settlement.

This class of cases has the gift of persistence, and the real anxiety caused by the annoyances of litigation makes them worse for the time being, and not only helps to strengthen their efforts to get exorbitant damages, but makes them appear in the eyes of a jury worse than

*Read before the annual meeting of the Erie Association of Railway Surgeons at the Academy of Medicine, New York city, January 5, 1894.

they are, and in some degree increases the verdict.

It would, therefore, seem to the writer that whenever the surgeon sees that he has a case of spinal concussion or prolonged nervous shock he should encourage an early settlement. Neglect to do this has undoubtedly cost many thousands of dollars of unjust expenditure.

Medico-legal questions in their relation to etiology, diagnosis and treatment of railroad injuries are of very considerable importance, not only to the persons injured and to the companies, but also to the community.

The principles of law and the statutes applicable to such cases are based on justice, and it is to the interest of all law-abiding and patriotic citizens that facts and not fictions should prevail in their settlement.

A man having hernia, heart disease, lumbago or other dorsal or spinal troubles, headaches, vertigo, etc., may sustain an injury or injuries by a collision which may greatly diminish his working or business capacity; and, if his previous disabilities are not separated from those arising from his injuries, he may succeed in getting excessive damages.

Such cases are apt to be refractory in efforts to get a settlement, and to go to Court in spite of all reasonable offers, and it is clearly the surgeon's duty to be on the alert and spare no reasonable efforts to learn his patient's antecedent condition for the benefit of the Court and jury, in the interest of justice.

It is but reasonable that the surgeon should have in mind the possible existence of previous disabilities in all cases, and his very best time for getting facts as to previous disabilities from his patients and friends is at the very beginning of his case, while he and they are thinking most about the severity of the injuries, the sufferings and the bad luck of the patient; for, after relief and reaction in the feelings come, the thoughts soon turn to the ultimate outcome, and to the chances of gaining reparation. He is now very apt to become rapidly oblivious of his previous infirmities, and to count them in as a part of the sum total of injuries for which he claims damages.

It is, therefore, of prime importance to find out as soon as possible, while the patient and his friends are still thinking of the ill effects of the injury, the relation of previous ailments and infirmities upon the actual injuries received.

The effects of railroad injuries are frequently more or less psychical, often more psychical than physical, and quite as likely to pervert the moral as the mental functions of the individual; so that when he has considered their probable effect upon his recovery or in shortening his life, he has already become accustomed to associate the old with the new conditions, and he now finds an easy moral slant, down to a level on which he looks at the whole of his disabilities as the result of his present injuries and claims damages proportionately.

It appears to me that this may be

considered as a fair representation of the average man—the man who, in the ordinary transactions of his life, in his business connections and pecuniary obligations, has been regarded as strictly honest.

If an unsound or partially disabled individual of designing, crafty and avaricious propensities has been in a collision, or other accident, in which several people have been killed, and others badly injured, a fine opportunity is presented for the beginning of a systematic course of shamming, even though he really does not feel that he has been injured or made worse by the accident.

In the multiplicity of the surgeon's duties, in such a condition, he may easily overlook such a case, or the individual may purposely keep away from observation until he has got his methods of dissimulation so perfected that the surgeon finds difficulty in detecting them.

Such cases as these, or similar ones, and others in which there has been no previous disability, in which factitious claims are made, are in my opinion proportionately more numerous than we know or fully appreciate.

Dr. Thomas G. Morton, of Philadelphia, in an article published in the Journal of the American Medical Association, October 7, 1893, gave a history of seven cases, which were grossly exaggerated or wholly factitious, but partly by the aid of sharp detective work, and the skill of several distinguished members of his profession in that city, whose services were invoked, and partly by subsequent confessions, they were all exposed and some of them prosecuted and sent to the penitentiary.

The surgeon, then, in justice to his company, should lose no time in searching for previous ailments, infirmities, injuries and defects. He should learn whether his patient had consumption, scrofula, syphilis, chronic rheumatism or any other chronic disease; or whether he was in reduced health, or naturally of a feeble physical organization; or whether he had suffered previous injuries, which had left him crippled, or whether his cerebro-spinal system, or his spine, or any of his terminal nerves had been so injured as to disturb the functions of the brain, cause paralysis, paresis or atrophy.

He should also learn whether there has been any defect of sight, hearing or smell; and if so, whether it was congenital or the result of injury or disease.

If these investigations are carefully made at a time when the full knowledge and consent of the patient is available, the latter is morally strengthened and helped in his honest efforts to seek reparation, only for what he has really suffered, and the surgeon has placed himself in a position wherein he can aid in doing justice on all sides.

But while this differentiation of previous and present injuries is highly important to the railroad company as regards the amount of damages, the company, and the surgeon as well, are largely interested, in a medico-legal sense, in the accuracy of the diagnosis

of the present injuries, as correct treatment can only be based on correct diagnosis.

In railroad cases attended by the company's regularly appointed and recognized surgeons there is no question, according to the laws of most of our States, as to the liability for damages, whether the results of treatment are as good as they ought to be or not.

The company is held for the degree of disability the unfortunate claimant sustains, even though it might have been largely obviated by more skillful treatment than that employed; and here it is pertinent for us to inquire whether the company's surgeon could be held personally responsible for neglect, unskillful treatment and, consequently, bad results. Could he be made a co-respondent with his company in a suit for damages?

I am not aware of any attempt having been made to make him so, and, in a considerable experience in courts as a witness in railroad cases, I have never heard the question of personal responsibility on the part of the surgeon raised, either by judge or attorney, although I have seen a number of plaintiffs trying for damages for bad results from injuries which appeared to me to be largely due to unskillful treatment.

This is one of the rare examples of the escape of the professional man from the penalties of carelessness and ignorance, but his company may lose five to ten thousand dollars from this cause in a single case.

Some railroad companies through a perverted sense of economy have surgeons in their employ who, instead of doing credit to their employes, are seeking to aggrandize themselves by parading their appointments as a mark of distinction and recognition of ability. It is needless to add that such companies are likely to suffer much unnecessary loss after serious accidents have been treated by such men.

Many other facts might be cited to show not only the humanity but the economy of having thorough and competent surgeons, with the necessary hospital accommodations at their service.

Hospitals should be provided at convenient distances, either by arrangements with such as may already be in operation, or by building and equipping them. Some of our Western roads are in the advance on this line of progress, and the economy of their methods will doubtless soon be apparent everywhere.

If a railroad company can take its badly injured, whether employes or passengers, to a well-appointed hospital, where they can receive the skillful and kind treatment they need, a decidedly favorable impression is likely to be made on them, and sentiments of gratitude are likely to mitigate the clamor for damages, not only in the minds of the injured, but on those of the jury.

Under such a method of treatment many cases could be settled by financial agents on reasonable terms, that would otherwise go to Court after larger damages.

REMEDIES FOUND OF VALUE IN SURGICAL PRACTICE.

BY GEORGE CHAFFEE, M. D., BROOK-

LYN, N. Y.

In college most of us were taught that before taking up a special line of study we should have at least ten years of general practice. My paper is not intended as a plea for specialism; still I have considered it best to mention that topic in opening this discussion. No one, especially since abdominal and brain surgery have become so popular, can practice surgery to any extent with success without a fair knowledge of general medicine. On the other hand, the general practitioner must keep himself well trained in the diagnostic points of many diseases which call for prompt surgical treatment, or in some cases his patient is very soon beyond the power of both physician and surgeon to save.

Diagnostic skill is only acquired by study and experience. First, take time to make your diagnosis; after that the selection of proper remedies should not be a very difficult task. Webster says a remedy is that which cures a disease; any medicine or application which puts an end to disease and restores health. For convenience we may safely say that all medicines are remedies, but all remedies are not medicines. The knife, curette, intubation tube, the plaster jacket and brace, the catch forceps and ligature are all remedies, but they are not medicines. Murphy's button is a remedy of great value, but it requires a surgeon to prescribe and administer it.

He who makes an early and correct diagnosis in a case of abscess of the ischio-rectal fossa, and promptly applies the proper remedy—the knife—will not only restore his patient to health, but very likely prevent the formation of an ugly fistula, which is sometimes quite difficult to cure. These remarks apply with equal force to fracture of the skull, appendicitis and many other affections.

Since the advent of the antiseptic period in preparing our traumatic cases for an operation or for the first dressing, much time is required to properly cleanse the injured parts and their surroundings. For some time past it has been my practice, after finishing my first dressing of a case, to examine the patient's tongue. This I often find heavily coated, with edges deeply notched from pressure against the teeth, and the breath is characteristic of one whose liver is torpid, bowels constipated, and consequently, whose stomach is foul. This glance at the tongue will, in some cases, show that our cleansing process should not be confined to the external surface and injured parts alone, but that it should be conducted with as much care on the inside as on the outside.

Read before the Annual Meeting of the Association of Erie Railway Surgeons, held at the Academy of Medicine, New York City, January 5, 1894.

For this inside cleansing, castor oil or citrate of magnesia may answer for some, but for the majority I have found nothing to answer so well, especially after an accident, as calomel and soda, followed the next morning by either citrate or sulphate of magnesia. Of calomel and the bicarbonate of soda I usually give from five to twenty grains of each, divided into two or three doses, always in capsules, and always to be followed by the citrate of magnesia before breakfast on the following morning. I never give calomel without soda and the citrate of magnesia, and whenever I prescribe it I caution my patient against the use of table salt, vinegar, pickles, lemonade, or any acids for at least four days. Given in this way I have never seen any ill effects follow the use of this remedy, but I have in two or three cases, where there was no action of the medicines used by noon of the day on which the magnesia is given, been obliged to order a copious enema. I am sure that the prompt use of the latter remedy has in these cases prevented my patients from being salivated. There was some soreness of the gums, with the calomel breath. This condition, however, was soon relieved by the use of a boracic mouth wash of five grains to the ounce. If my patient is not strong, I give a light dose—from three to five grains; if he is of average weight and strength, I give from eight to ten grains, but if he is an extra strong man, weighing from two hundred to two hundred and fifty pounds, and perhaps one who is using beer freely, from fifteen to twenty grains will not be too much to do the work well. For my own protection, it may be well to add that it is only in rare cases that I find it necessary to give the largest dose; still, I have gone as high as thirty and even forty-five grains in divided doses. These cases, however, were not surgical, but the result in each case was all I could ask for. I believe that for both its local and general action, we have at hand no other remedy that will compare with mercury in these cases of severe traumatism, and especially where the brain and its coverings are affected.

There is a group of cases in which this remedy cannot always be given at first. I refer to concussion of the brain, to compression, and to fracture at the base of the skull. These cases are sometimes found lying in a heavy stupor for days after the injury. I do not think it is best to put calomel in the stomach, or even in the mouth of such a patient. The danger of the patient being salivated is too great. In this class of cases, I usually wipe the mucus from the tongue and place upon it one or two drops of croton oil. If dropped directly upon the clean tongue, this remedy is quite certain in its action, no matter what the condition of the patient may be. In a day or two, if the patient improves, and the calomel is still indicated, it may be given in glycerine, syrup, or perhaps in a capsule. In whatever dose calomel is given, it should be kept moving by a saline.

FOR PAIN AND SHOCK.

There is no question but that morphine, atropine and strychnine administered hypodermically are of great value in relieving the pain and shock which follow the crushing of an extremity. Morphine is indicated both for the relief of pain and shock. Its action on the coats of the arteries, allowing them to dilate after having partially paralyzed their nerve supply, and in this way warming the entire body and promoting reaction, should not be lost sight of. Morphine should be given with the greatest of care, but it might well be given many times where our patients are now obliged to go without medication.

The action of atropine, like that of morphine, is too well known to admit of discussion.

The use of strychnine after a severe injury, and before an operation, is highly recommended by some, while others as strongly condemn its use. My experience with this remedy is not extensive enough to warrant me in expressing an opinion either way.

When the hot water bag is not at hand, bottles should be filled with warm water, and where the patient is to be transported or even placed in an ambulance, a number of them should be placed about the limbs and body, and covered in with blankets.

COCAINE.

Of late there has been no remedy given to the profession of more value than cocaine, and I mention it more for the purpose of saying that I think it should be classed, known and prescribed as one of the most dangerous remedies we have. All remedies should be given with care, but we have in our hands no remedy which requires to be given with more care than cocaine. All of us know how and when to use this powerful remedy, and I think it is far better for us to feel that way, and, if necessary, make a second light injection than to make the first a fatal, or even an overdose. This medicine, I believe, is capable of destroying life at a fearfully rapid rate, and I have found that a very little of it will reach a long way.

In the after-treatment of cases of drowning I have had excellent results from the use of croton oil, one or two drops placed on the tongue, especially where they remain unconscious for a long time. Another remedy I have found to aid in clearing the mucus from the congested lungs in these cases is Hoffman's anodyne, from ten to fifteen drops in a dram of water, every hour. Some of our most serious wrecks have occurred where a train goes through a bridge, and it is for this reason that I mention these two remedies. Some of the unfortunate passengers are beyond help when taken from the water, while others may be resuscitated, and if these two remedies are at hand they will be found of value.

For the same reason I mention the use of nitro-glycerine hypodermically. After

a wreck a portion of the train is often destroyed by fire. Some of the passengers may die from suffocation alone, while others might be saved if the proper restoratives were at hand. Nitro-glycerine is used by many ambulance surgeons where people are taken from burning buildings; also with those found unconscious in their rooms from the effects of escaping gas. At a wreck, if a flask of spirits of camphor is placed in the hands of an intelligent assistant, much good may be accomplished with it. I have found that if applied over the top and at the sides of the head it will check a nervous headache in a very few moments. The tincture of arnica is another domestic remedy that may be used freely, and if placed in the hands of the right person it will go far toward soothing the injured and prevent some from making complaints of neglect on the part of the surgeons.

FOR STIMULATION.

In closing deep cavities and in repairing extensive injuries by granulation there are many remedies in use, but those I have become most attached to are the boracic douche, iodoform gauze, balsam of Peru and the curette.

Boracic acid is considered safe, and I believe it is an excellent remedy. I use it in many ways—for the hands, in the douche, the eye wash, the gargle, in ointments, as a dusting powder, and in so many ways that I have found it to be a remedy I cannot do without. Applied in the dry state to sensitive parts, it will sometimes cause slight pain. To relieve the pain, vaseline may be applied over it, or it may be washed away by irrigation. As a soothing lotion it is quite equal to the sugar of lead wash. After cavities and pockets have been cleansed, and, if necessary, the curette has been used, I do not, as some recommend, dust with iodoform powder, but I do pack with iodoform gauze. Whenever the process of repair comes to a standstill, I add the balsam of Peru to the gauze, either brushing the parts with it and packing as before with dry gauze, or saturate a piece with the balsam and lay it over the surface, if extensive. In some cases there comes a time when a stronger stimulant is required. Here the curette is indicated, and it should be used and kept within reach when dressing these cases. Although I classed the curette as fourth in speaking of stimulants, I regard it as the leading remedy when indicated. It is wonderful to note the changes in a cavity at the next dressing after the careful but thorough use of this instrument.

POULTICES.

They are, I think, best made of flaxseed meal. The virtue of a poultice is in its heat and moisture alone. To possess and retain these qualities it must be liberal in size and not be at all suggestive of our present "hard times." As a poultice is being applied, a lump of vaseline should be placed in the cen-

tre of it. This will prevent its adhering, make its removal quite easy and less painful from tender and sensitive parts. The drying and cooling of a poultice may be prevented somewhat by placing over it cotton wool, and over that oiled silk, and still over the silk an easy bandage.

PLASTERS.

For some time I have used more of the plaster known as gold-beater's skin than of any other variety. It is soft, flexible and light, and may be applied and worn on almost any part of the person with but slight notice. It is also quite transparent. In cases of burns on the hands, arms and face by electricity, I often use this plaster for one day at a time, alternating with the bichloride gauze spread with vaseline.

To apply gold-beater's skin with ease requires experience. If you first moisten the plaster and then undertake to apply it, you will be surprised to see your sheet of plaster changed to a small ball, and persist in adhering to the tips of your fingers. If the parts to which you wish to apply the plaster are not moist, they should be made so with a boracic solution, and the plaster applied in the dry state, when a little pressure will bring it in contact with all the parts. This plaster may be removed with less disturbance to the granulations than anything I have used; in fact, it may be often washed away with the douche alone.

BLISTERS.

To "draw" a blister I use only the fly plaster made by Seabury & Johnson, and to the surface of this I sometimes add croton oil. This I have never had fail to blister in from two to four hours. To "fill" a blister, I use a flaxseed poultice, yet some still use the warm cabbage leaf. After removing the epidermis, if there is an excess of serum, or perhaps a few drops of blood standing on the surface, I remove this with pads of gauze. I then spread the bichloride gauze with vaseline and apply direct to the blistered surface, changing this dressing twice daily for a few days. If a garment is to be worn over the blistered part, absorbent cotton and a bandage should be applied over the gauze.

The report of remarkable cures with new remedies has become so fashionable that for a time I hesitated about writing of our old friends. I was afraid that I might be considered too far behind the times. These remedies have served us faithfully whenever called upon, and they deserve better treatment than I have given them.

If I succeed in stimulating a more systematic use of some of these remedies and a more careful use of others, I shall feel that the purpose of this paper has been obtained.

226 Forty-seventh street,
Brooklyn, N. Y.

THE PHILOSOPHY OF MAN.

Synopsis of Lecture Before the Garretsonian Society.

BY JAMES E. GARRETSON, A. M., M. D.
PRESTIGIATION.

Passing forward in our study of Forms, as these are of relation with the Egoistic sense, the subjects of prestigation, visions and dreams offer themselves for analysis. Here, more pertinently than ever, our oft-repeated aphorism suggests itself, "A thing is, to the sense that uses it, what to the sense it seems to be." Using Berkeley's word "A thing is one with its perceptive."

Temporarily we are to step into the Rosicrucian way of looking at things, and our hour will not be wasted if even we descend to the vulgarities of table-tipping, for it is only thus that vantage ground is to be found for a spring upward into psychics.

As one in reading sometimes lays down his book with view to collateral yet relevant thought, so the three subjects named are here introduced by reason of connection with others gone before;* they are steps.

A circle has its commencement alike anywhere. Prestigation is to be commended as being quite as good a beginning of the Rosicrucian way as any other; the Rosicrucian way being a circle. Referring to the spiritistic excitement of a few years back, recognition is had that as people at large are concerned, lessons lie with Objective and not with Subjective. Spiritism contrasts with Spiritualism as does Objectivity with Subjectivity, both being one while seeming contraries. The tipping of a table, whether effected by the clumsiest of trickeries, by a utilized employment of magnetism or electricity, or by the hand of the God himself, has common significance in that the movement lies with a law that is universal. The law of voice, for example, is one, with difference. The squeak of Cataline just born is the oration of Cataline when grown and perfected.

A boy whose attention could not be attracted by the intangible of gravitation has his interest alive instantly in the presence of an overturned barrow with its load spilled upon the ground. A miller uses for the purposes of his wheel a down-running stream, but concerns himself little or not at all as to that getting back of the water which keeps his stream a circle.

The lack of seeing gravitation in overturned wheelbarrows and evaporation in down-running streams is the lack of others besides boys and millers.

It is known to more than a little mul-

titude of people that a fund was left, several years back, to the University of ~~chassivana~~, in trust, to be employed in examination of the so-called "spiritistic" phenomena of the times. The gentleman leaving this fund had implicit faith in the reality of such manifestations, and it was his intention to secure influential means, first, as to endorsement, which he never doubted would be the result of an examination, and, second, as to extension of a good enjoyed by himself. This trust being accepted, a committee was appointed to carry out its purpose.

The personnel of this committee impressed the community as being exceptionally good. The result of the work of the committee impressed the community as being exceptionally nothing. "Looking on glass but not through it," was the attitude of the committee. An only thing seen was surface. "Not deceived," comprised the substance of the report made. A Rosicrucian would look on such a committee of men as deceived beyond the credulity of a thinker to comprehend. Nothing seen where there was so much to see! A committee led on for weeks and months by tricksters, seeing in all this time, even at the very end, not even so much as a first letter of a great alphabet lying with tricks—lying with any trick.

Prestigation as commencement of exploration among the fields of philosophy has to its advantage that it attracts equally the cultivated and the uncultivated. The latter illustrates sitters at a circus confounded by tricks of agility and strength. The former illustrates the physicist who measures the whole thing by underlying muscles.

A trick supposes something else than what the trick is, yet is a thing, anything, whatever it may be, not in itself, but in something else. Everything is in something else than itself until the God is reached. Whatever induction suggests, or leads to, this is man's concern. Where induction stops, here ceases man's concern. Noumenon is the word signifying that out of which all things come and back into which all things go; this forever and forever. It is not of the slightest importance to man that the Noumenon may not here be well named. The circle of man lies uncompleted only as new inductions are found to exist in and arise out of old ones. Noumenon ends induction. Matter associates with induction as related with it in question of origin. Ego likewise offers question of "whence." Beyond the God is the unthinkable. The unthinkable is one with a thing outside of man's circle.

Induction was apparently not used by the committee alluded to; certainly it had no part in the investigations. The idea was to find presence or absence of supernatural with things presented for observation. There is no supernatural this side of God; hence supernatural was not to be found. Had so massive a thing been found by the committee as a mountain suspended in the air, the phenomenon would not have lain with the

*The things referred to as "gone before" are accounts of many complicated performances in the way of prestigation. These accounts are fully given in the Second Edition of the book "Nineteenth Century Sense;" they are introductory to egoistic relations and assuredly are not to be studied without affording a complete understanding of all that is to be advanced pro and con regarding both the Subjective and modern spiritualism. Dr. Garretson dissects the subject exactly as he would a cadaver.

mountain, but with gravitation. Had a tree been grown in their presence from seed to fruit in a single day, it would not have been supernatural, but simply unfamiliar. Difference between such a growth and that met with in field or garden is of degree and association. Myself having forced the growth of weeping willows 20 feet in a single season shows me that by knowing more than I do about the matter I might force them 60 feet; more than this, that I might break off a branch at night and have a 60-foot tree in the morning.

Prestigation is legerdmain to the uninitiated only; know-how ends mystery. But exposure of one mystery is always offering of another. So on from mystery to mystery; so on from lesser to greater.

Study of growth leads to study of that wherein growth exists. Sight of a feather floating in the air leads, inductively, to sight of an invisible supporting atmosphere. Comprehension of atmosphere leads to appreciation of rarer things back of it as these exist in gases, and to a thing rarer than gases as this exists with matter. To consider gravitation is to recognize invisible as stronger than visible; is to see sun, moon and stars supported by an invisible that is stronger than visible—Paracelsus is right, "The beginning of knowledge is beginning of understanding of the supernatural."

(To be continued.)

Society Notes.

MEETING OF THE ERIE RAILWAY SURGEONS.

JANUARY 5,

AT THE NEW YORK ACADEMY OF MEDICINE,

DR. R. SAYRE HARNDEN, OF WAV-
ERLY, N. Y., PRESIDENT.

For the TIMES AND REGISTER, from our
Special Correspondent.

This was the first meeting of the surgeons of the Erie system in New York city.

It was one of the most successful meetings of railway surgeons that has ever been held in this country, exclusive of the national. The attendance was large, the clans gathering from all the important cities and villages in the six different States through which this immense railroad system extends, between New York and Chicago.

The scientific part of the programme was remarkable, because of the number, practical and concise character of the contributions.

The number of visiting guests was not large, though it was representative of some of the most respected and well-known members of the profession, among whom, who actively participated, were the venerable Professor Lewis A. Sayre,

Dr. George Chaffee, ex-president of the New York Association of Railway Surgeons; Dr. A. B. Valentine, chief surgeon of Long Island Railway system; Dr. Thomas H. Manley, vice president of the National Association of Railway Surgeons, and Hon. Clark Bell, of New York.

The meeting opened promptly and, from the opening to the finish, was most harmoniously conducted. The members were unstinted in their praise of the president, Dr. Harnden, for his untiring efforts in making the meeting such a superb success.

The first paper on the programme was by Dr. Chaffee, entitled "Remedies Found Valuable in Surgical Practice."

The trend of this essay was chiefly devoted to the importance of a better knowledge of internal remedies and more conservatism. Particular attention was called to the great value of calomel as a prophylactic after such injuries as were followed by acute inflammation. Morphine was recommended in certain cases, because of its sedative and stimulating properties.

Cocaine was regarded as a medication of great value, though, as its use was attended with serious danger, its employment should be guarded; hence it was better that a small dosage should be used. The indications and uses of poultices, blisters and plasters were fully set forth.

This paper was discussed by Dr. Manley, who said that he regarded it as the most timely and, in many important particulars, the most valuable of any that might be presented. It called attention to the imperative necessity of a better familiarity with what could be accomplished through a tentative therapy and more conservatism; for, in his opinion, in our times there was altogether too much cutting being done. He would, however, warn against the indiscriminate use of morphine in any form, immediately after a traumatism. In these cases, there was often a considerable loss of blood, and the drug under various circumstances might act with lethal energy. He was sorry to say that he had seen more than one case, brought in by the ambulance, in which the traumatized patient was in a mortal morphine coma. Pain, he said, was a useful monitor; to annul and wholly destroy it, he believed was a mistake. We should give nature a chance.

As to cocaine, he said, since the discovery of ether and chloroform, that there was nothing given to humanity of greater value than cocaine. More than fifty per cent. of all surgical operations could be painlessly performed by its employment. He had found it succeeded marvelously in nearly all operations with the possible exception of the major amputations. He had but one mishap, which, however, was not fatal, and was caused entirely through improper administration and carelessness.

Professor Lewis A. Sayre followed next in order with a paper entitled, "Ob-
scure Injuries of the Spine, from Rail-

road Injuries, Followed by Paralysis of Long Standing, Relieved by Suspension and Plaster of Paris Jacket."

Four very interesting cases were reported of spinal injuries following railroad accident. In one of the group the patient was paralyzed for more than two years.

An action was brought against the railroad company, on the ground of permanent, incurable incapacity, with the attendant pains and suffering incident to the bed-ridden state.

A verdict of \$49,000 was given against the company; when, later, after the plaster jacket treatment and extensive he wholly recovered the full use of his body and limbs.

This unique report was discussed by the Hon. Clark Bell, who dwelt only on the medico-legal aspects of the question and the importance of the railroads protecting themselves by surgeons of competence and experience; for, he said, had the railroad company, which was obliged to mete out such an enormous outlay as in the case cited by Dr. Sayre, surgeons, the imposition would have been prevented, and such an extensive outlay would have been impossible.

The next paper was a highly interesting resume on "Two Hundred Cases of Railroad Injuries," by Professor W. J. Kelly, of Gallion, O.

Dr. C. M. Daniels, of Buffalo, closed the morning programme with a most practical paper on "Sutures, Ligatures and Their Application."

As might be expected from one of such a rich experience and highly scientific attainments as Dr. Daniels, this contribution was full of practical points on a subject of great interest to all operating surgeons.

The doctor highly recommended horse hair as a texture of great value in all wounds of the periphery. When one wishes to close a superficial incision or abrasion by employing the white variety and covering it, with a gauze-like plaster, heavy dressings would be dispensed with, and during the healing process there would be scarcely any visible disfigurement.

This paper was discussed by several present, but owing to the arrival of the dinner hour several were prevented from participating.

AFTERNOON SESSION.

The president read his address at the opening of the afternoon session. This was short, but practical, and to the point.

He spoke of the great good accomplished through these annual gatherings of the railroad surgeons; that it afforded a relaxation and recreation from the practitioners' daily toil; through them old associations were revived and new ones formed. Besides, what was most important was the scientific gain to each through hearing papers and discussions from those whose opportunities qualified them to give valuable points. He spoke of the humane aspect of railroad surgery, and that, while one purpose of that organization was to prevent the railroad company being imposed

on, yet this was but secondary to the ends which it served, in enabling the maimed or mangled in railroads to receive prompt and effective treatment.

In fact, it could not be said that a railroad company had scarcely completely fulfilled its obligations to the public that did not have a well-equipped surgical service as an integral part of its machinery.

He made a strong plea for railroad surgeons to join the Medico-Legal Society, and urged on as many to enter as felt they could give their attention to the subject.

Dr. Thomas, of Ohio, made a report on the question of giving trainmen an elementary training, through pamphlets on "First Aid to the Injured." Dr. G. B. Birdsall, of New York, presented a minority report, in which he set forth in detail the nature and extent of such instructions to laymen. Both reports were essentially similar, except that the former's was the most brief, which was carried.

At this stage a vote of thanks was given to Dr. Sayre for his able and valuable contribution, which was carried unanimously.

"The Railway Surgeon and Law" was the title of a very able and highly instructing theme by the Hon. Clark Bell.

The next was a short paper by the vice president, Dr. C. B. Kibler, of Corry, Pa., on "Epithelial Skin Grafting."

The doctor very briefly but clearly described a plan of autoplasmic skin grafting; in any case, which was attended with a considerable loss of the soft parts. It consisted in dissecting in small fragments the thick, calloused layer and depositing them in the vascular, granular surface about to be closed. Each particle becomes a new centre for cell proliferation, so that in a short time, by centripetal growth, the entire hiatus is filled in and cicatrization is complete. By this plan, the doctor alleged, when the loss was not extensive, we would succeed in fully 80 per cent. of cases.

Drs. Griswold and Manley discussed this paper, the former saying that in his hands this plan had served most admirably.

Dr. Manley declared that plastic surgery occupies a position in the front rank in the treatment of traumatism. In a considerable number of cases which come under our observation in railroad accidents there are two conditions which confront us. In one we have a loss of bone, but the soft parts are sound and intact. Now, unhappily, in a considerable number of these, as the framework is gone, and oftentimes there are no prospects of its restoration; and the limb, which is now a useless incumbrance, must be amputated. Again, we will meet with another class, in which the bones are entire, but a considerable area of skin is destroyed, and, as there may be no apparent means of closing the large breach, here, again, a sound limb may have to be sacrificed.

Now, modern plastic operations under aseptic precautions have aided largely

in obviating the necessity of sacrificing the limb for these conditions. And, among the many, there was no plan in his experience which was so valuable as the plan of the late eminent French surgeon, Denourilliers, generally known as "dissoussment," or the eboration of a finger or toe, when seriously damaged, to fill in dead spaces and spare the necessity of a capital operation, besides restoring function in a limb, without which it might be practically useless.

"Railway Surgery" was the title of a short paper by Dr. Eddy, of Olean, N. Y.

"Relation of the Railway Surgeon to His Company and Patients" was the title of Dr. E. Griswold's paper.

The doctor set forth in a brief but perspicacious manner just what a railway surgeon's position is, as regards those who are under his care and his duties to the corporation in whose employ he is, and remarked, in passing, that none of those in case of injury had come under his observation in which through unskilled and negligent treatment the patient's sufferings had been augmented and his recovery greatly protracted.

Dr. M. D. Field, the chief surgeon for the Manhattan Railway system of New York, in discussing this paper, said more than once such instances had come under his observation, of this description, but he had never known of the Court taking this into consideration at a trial, and he believed that it would be a difficult thing to establish the fact of neglect in the average case.

A very able paper was presented by Dr. W. P. Hall, of Jamestown, N. Y., on the subject of "Hot Water in Amputations."

He cited two cases of double amputation of the lower extremities, and three of single amputation, in which he had employed hot water on the stumps to control hemorrhage, all of which made good recoveries. He claimed for hot water that it was a powerful antiseptic and efficient styptic; besides, by its use the healing of the wound was very much shortened.

Drs. Hubb and Eddy both endorsed the views taken by the essayist, having both had very gratifying results in amputation when heated water had been employed on the stump.

Dr. Birdsall said that he had read considerable, pro and con, on this subject, but that he could not yet bring himself to employ so powerful an agent when others, safer, were at hand; but he would be pleased to have Dr. Manley's views on this subject.

On request of the president, Dr. Manley said he was pleased to have an opportunity to endorse in the strongest language he could command such a practice. He agreed, and all must agree with Dr. Hall, that hot water had no equal as a styptic or antiseptic, but its action was destructive on living cells and set up such a degree of irritation in the bone elements that a sensitive, irritable, useless stump, with oster my-

etitis, that, in his experience, before any cork or artificial appliances could be borne by the stump a consecutive amputation had to be done. He would further remind his hearers that in the average amputation the loss of a moderate amount of blood was rather salutary than otherwise.

There was this cardinal difference in the thermal action of water, in all varieties of lesions, viz.: that cold water simply acted vitally by causing a depression of the heart's action and constriction of the capillaries; but hot water was a chemical irritant of great potency, which destroyed every living structure it came in contact with. It arrested hemorrhage by coagulation of the albuminoid elements of the tissues.

Were it not for its disastrous action on the bone elements, on the nude ends of the sawn bone, it would serve an ideal purpose, but as it was we must discard it in all but very exceptional cases.

The last paper on the programme was by Dr. Richard C. Newton, of Mont Clare, N. J., the title of which was "Is the Shock of Railroad Accident Ever Beneficial to the Recipient?"

The grotesque title of the doctor's paper, with a knowledge of his inexhaustible stock of wit and humor, put all on the "qui vive," and served as a bracing tonic to the audience, which by this time showed unmistakable symptoms of fatigue after the two long sessions of the day.

The doctor began by inquiring how much was owed the railroads by those who on sundry occasions have had epilepsy, rheumatism and all the protean types of hysteria knocked clear out of them by collisions, derailments, etc.

He cited the case of a young man who went to California for the relief of pulmonary phthisis, who derived no benefit from the change of climate; but on his way home in a sailing ship he fell from the rigging and fractured both legs. From this accident he was confined to bed a long time. But from the day of the injury his cough ceased, and when his bones had united he was cured of his lung trouble. Several other unique and remarkable cases were cited from Tuke and other authors of cases of a similar character.

In the discussion of this paper many of the older members present cited several remarkable case in which after various traumas organic ailments have been promptly recover from.

FOUR YEARS' COURSE AT JEFFERSON MEDICAL COLLEGE.

At a meeting of the faculty of Jefferson Medical College, held on January 8, 1894, it was unanimously resolved to institute a compulsory four years' course with the session of 1895-96.

This step was taken in order that the large clinical service of the Jefferson College Hospital (350 cases a day) might be utilized to the fullest extent in carrying out the desire of the faculty to provide advanced medical education of a practical character.

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PHILADELPHIA, JANUARY 20, 1894.

RAILWAY SURGERY.

In this issue we present to our readers a report of the Erie Railway Association meeting held recently in New York city, and, in other columns, two excellent articles on questions pertaining to treatment of accidents both surgically and in relation to the legal aspect of such cases.

Every well organized and equipped railroad company should have one or more competent surgeons, to whom questions of extent of damages can fairly and consistently be entrusted.

We are glad to see an awakening along this line, and that many railroad companies are realizing, year by year, that a good round fee for a competent surgeon to look after their interests is not money ill spent. The question of damages in a major railroad accident, when there has been more or less loss of life, is a great one.

No one of us, probably, would be willing to lose a limb or be disabled or disfigured for life, in consideration of any amount of money a corporation could put up.

Neither do we suppose that there is a railroad corporation so penurious as to willingly allow its roadbed or traffic paraphernalia to become so out of order as to cause accidents.

Accidents will occur, under seemingly the most perfect system of railway management and oversight, but money will not replace a life extinguished, a broken home circle, or even a shattered and severed limb.

Money values for injuries sustained most certainly help the needy man dependent on his labor for his daily bread, and the reparation given by companies is only just, providing the pittance allowed is not too small.

The reason that most persons prefer litigations to early settlement is simply that, if intelligent, they know that a jury will favor nearly every time the sufferer.

There is no doubt but many times malingerers attempt to defraud a railroad company, and much difficulty is experienced in sifting out the true from the false. However, sooner or later those who are feigning their maladies are readily found out in the majority of cases.

Some few months ago we had occasion to endorse the hospital car system, now being introduced, and we trust before long to see the system established on all the roads. The idea is a most excellent one, and appeals to humanity, cleanliness and good surgery.

LIQUOR AURI ET ARSENI BROMIDI.

This preparation, of which we have made brief mention previously, is now sold under the name of "Arsenauro" to facilitate prescription writing.

Since the article published by Dr. E. A. Wood, of Pittsburg, in an October number of the "New York Medical Journal" this preparation has been quite extensively tried throughout the country.

While the literature of the subject as yet has been brief, the reports from various observers have been in some instances marvelous of good results from the use of the preparation in certain cases. These cases may be classed among the neuro-pathological more especially; cases, chronic though they may be, which have, concomitant with more or less pathological lesions, a neurotic element upon which the disease may largely depend. Epilepsy, diabetes, sciatica and such affections are greatly benefited by this new preparation.

Following the advice contained in Dr. Wood's article, we have personal experience in a few cases.

1st. A case of syphilis; patient also recovering from a pneumonia. Eruptive symptoms and throat affection were cured on this treatment alone.

Case 2. Tuberculosis; patient confined by intercurring pleuritis. Arsenauo occasioned diarrhœa. The dose was reduced and the diarrhœa improved, but the daily looseness of the bowels was such as to warrant a discontinuance of the drug.

Case 3. Tuberculosis, laryngitis, throat symptoms improved under arsenauo—no diarrhœa occasioned in this case.

Case 4. Tuberculosis, laryngitis and lung affected—Arsenauo here again occasioned diarrhœa, which disappeared on reducing dose to five drops.

Case 5. Epileptic—improved under the preparation to a marked degree.

The time has been too short for full reports, but these few brief observations only point that there is much value in the preparation to be expected, and that along certain lines most marvelous results can be confidently relied upon.

TRAUMATIC—AMPUTATIONS.

The marvelous advances in the arts and sciences, in the industries and pursuits of man have made their impress on all the branches of the healing art. In nothing, perhaps, are the evidences of progress more palpable than in the evolution of facilities for travel.

Every description of modern traveling car, which is moved on rails, is now constructed with two objects chiefly in view, viz.—capacity and speed. This implies that it must be built of greater strength and weight than the fast-disappearing horse-car.

These powerful, swift vehicles, moving through thickly-populated parts, are attended with great danger to life and limb; and hence the number mangled yearly by them must be very great. The most common injury sustained by them is the crushing of an extremity.

The parts suffer in varying degrees of confusion, laceration and fracture, and the question of amputation often arises. All are agreed that when a limb or part of a limb has been so crushed as to be completely destroyed, its severance should sooner or later be considered.

But are we always able to say, after a limb has been crushed, that it is utterly and irretrievably beyond hope? And if we are not, is there anything to be lost by delay until reaction has set in?

These are questions which, in the light of modern progress, should be carefully considered before the blade is taken in hand, and the unfortunate, in a moment is deprived of what can never be restored. Besides the moral and utilitarian aspects of the case there are many serious medico-legal questions involved.

Any tyro can amputate a limb, but only the highest skill and judicious discrimination, combined with experience, can preserve many, which must otherwise be sacrificed.

And it should not be forgotten that there are but few stumps, however strapped or covered, that are not sensitive, and cannot well tolerate a prosthetic appliance; and that, with few rare exceptions, most any description of a deformed limb is a hundred-fold more useful to one than the most expensive artificial substitute.

Note.

NEW MEDICAL CHAIRS.

MEETING OF THE FACULTY OF THE MEDICO-CHIRURGICAL COLLEGE.

At a meeting of the faculty of the Medico-Chirurgical College on Tuesday evening three new chairs of medicine were created: A chair of otology, one of orthopedic surgery and one of genito-urinary diseases. This medical school has also under consideration other advancements toward a more highly graded medical education, so as to conform to the new State law, which is soon to become operative.

The new law is not expected to affect the attendance of the Medico-Chirurgical College, as the method of instruction there has been for some time so classified and arranged that the gist of the four years' course is given in three. The number of patients attending the various out-patient departments has almost doubled during 1893, and this increase has been even more remarkable in the departments of diseases of women and diseases of the eye.

Bureau of Information.

Under the Charge of W. F. WAUGH, A. M., M. D., Chicago, 834 Opera House Block.

VULVAR ECZEMA.

Please favor me with your opinion and advice in a case that is troubling me very much. I will give you a history of the case and also inclose her letter of a few days ago: A lady about forty years of age, not a real blonde, but fair, with chestnut brown hair and blue eyes, always a good liver—that is, well to do in this world's goods—but never abused her health with any overindulgence. Her general health has always been good; never known to be ill, but every winter, and only in the cold weather, she breaks out with a tetter or salt rheum all over the external generative organs. After retiring at night, extreme itching begins, and the patient has to rub and scratch until she is in intense agony.

Some times a prickling sensation comes over the limbs. It used to be somewhat on the hands, never sore, but itching and a little scaly, and slightly around the roots of the hair, down near the neck on the back of her head; but always during cold weather on the privates, very severe; never in warm weather. It has been this way for fifteen years, every winter getting worse. She has been under the treatment of about every school of medicine there is, and came into my hands just two months ago. I tried to urge upon her the necessity of continual treatment both locally and constitutionally for about eight months at least. I have usually been very successful with this class of cases, but this has been very stubborn, which I really expected, for it is an aggravated case, but she is anxious and impatient. The first month she got much better, the second month as much worse as she was better the first. I will not begin the third month till I hear from you. Can we allay that intense itching till we can get the disease under control? If so, please prescribe and help me. She has been married just four months.

(Give her salicylate of soda, gr. x; wine of colchicum root, gtt. v; and nitrate of soda, gr. v, an hour before each meal for four days. Then give Fowler's solution, half a drop before each meal, increased by half a drop every three days till the eyelids begin to itch or the dose irritates the stomach locally. Wash out the

vagina and the affected surface with hot lead water, very dilute, and apply hot starch poultices, at first plain, or with half a drachm of laudanum, and then with pure salicylic acid, 5 grains gradually increased to 60. When the irritation has subsided, apply nitrate of silver solution, one grain to four ounces of water.—W. F. W.)

LEUCORRHEA.

A young lady has had leucorrhea for several years; ever since her first menstruation. She is regular, the flow lasting four or five days, with dull, aching pain for the first half day, seldom severe, and sometimes hardly noticeable. As soon as menstruation ceases the leucorrhea begins and continues till the next flow appears. Sometimes the discharge is a clear, sticky fluid and again it will be thicker and milky. Rather prolonged use of the sewing machine resulted in an aching pain in the uterus, with unpleasant sensations and a feeling of pressure. This lasted more than a week. The health in other respects is faultless. Several physicians have had the case, and various lotions have been employed, but to no purpose. What shall I use?

L. P.

(Wash out the vagina daily with Marchand's peroxide of hydrogen, aa ounce to a pint of water; then inject half an ounce of fluid petrolatum, with five grains each of euphrophen and aristol, and apply a cotton tampon to retain the oil. Continue for a week. If not cured, inject the oil into the uterus through a long-nosed syringe. This will almost surely cure these very obstinate cases.—W. F. W.)

THE OPIUM HABIT.

Why is it that the systems devised by those who make these cases a specialty cannot be applied at the patient's house? The expense of going to a sanitarium is so great that many a poor fellow who wants to be cured cannot afford it.

F. W. S.

(Just reflect a little on the nature of these cases. A man cannot be treated successfully at home because he cannot be controlled or prevented from getting morphine. When the hunger for it comes he cannot be trusted and cannot trust himself. And yet the suffering is not so bad, providing the patient has his doctor living with him in the same house, so that he can go to him at any hour, day or night, and ask for relief and get it. Men will say: "Doctor, if you were not here I would go crazy at the idea of having no morphine, but as I see you by me and know I can have it for the asking, I'll hold on for another hour." And that means more than I can put in words. It means that the patient's manhood is triumphing over the devil, and that the battle is being won.—W. F. W.)

German Notes.

Translated by ADOLPH MEYER, M. D., Chicago.

MIGRAENIN.

Migraenin is a compound of Knorr's antipyrin, citric acid and caffein. Overlach used it in a great number of cases of severe hemicrania and never failed, where antipyrin did not act. He prescribes a dosis of 1.1g., well solved in water; if necessary, repeated in two hours. In severe cases it is desirable that the patient should lie down for an hour after having taken the drug.

—Deutsche Med. Wochenschrift, by A. M.

THE ACTION OF TUBERCULIN.

Dr. Klein arrives at the following conclusions:

1. In the inflammatory tissues of tubercular patients who died after treatment with tuberculin, an enormous number of streptococci has been found.

2. Injection of the smallest dose of tuberculin may cause an increase of existing inflammatory processes, or a recurrence of inflammations that have been subsiding.

3. This result cannot be obtained if the micro-organisms causing the inflammation are very little virulent or dead.

4. Tuberculin has no obvious influence on cultures of Streptococcus pyogenes, but it seems to increase the virulence in the sixth or tenth generation.

5. The action of tuberculin is not specific to tubercular lesions, but consists in a provocation or stimulation of the power of pus-microbes, especially of the diplococcus pneumonia, in tubercular and non-tubercular individuals.

6. The local inflammation due to the tuberculin is the cause of the fever.

7. Other proteins show in many ways an action analogous to that of tuberculin, acting on the purulent or inflammatory foci.

8. This theory explains why some tubercular cases do not react, and why many non-tubercular cases react.

ON THE HISTOGENESIS AND ETIOLOGY OF FIBROID TUMORS, WITH THERAPEUTIC DE- DUCTIONS.

We have read with great interest Dr. Gottschalk's views on the histogenesis of uterine tumors. With reference to these humors it may be said that etio-

logically their origin lies in irritation. They are not congenital autoplasties, but are rather acquired. Their immediate development is rather dependent on a deranged circulation.

As a prophylactic we must attend to it that all sources of irritation are removed which may lead to congestion.

From a therapeutic point of view Gottschalk recommends the simultaneous ligation of both uterine arteries.

The author has had recourse to this in four women, with the happiest results. Relief has been prompt; hemorrhage has ceased and the general health has greatly improved. He advises it in all cases as a substitute for the more bloody and dangerous operation of hysterectomy, which is always attended with so much danger to life.

Kuestner also recommends this procedure as always more radical than ovarian castration and safer than the more complicated operations or amputation of the uterus. He reports having had the most remarkable reduction in size and disappearance of the painful symptoms after vascular ligation.

In one case in which the uterus had attained to a great size before operation, within six months after the uterine arteries were closed the uterus had involuted to its normal size.

—Archives für Gynaekologie.

ON THE VITALITY OF THE BACILLUS OF DIPHTHERIA.

Dr. Abel obtained cultures of the bacillus from toys with which a child had played very much about the time when she was taken with diphtheria. The toys were examined six months later.

According to Abel, the bacillus of diphtheria may live one year; it is often difficult to give exact dates, as the bacillus may be found for weeks in the mouth of convalescents and thus may infect an object three or four weeks after a patient seems to be cured.

A thorough disinfection is decidedly a more difficult matter than many people think. The most popular methods would probably not stand a test.

—Centralblatt f. Bakteriologie u. Parasitenkunde.

DRUNKARDS IN SWITZERLAND.

The plan for a new criminal code in Switzerland contains the following paragraphs with regard to drunkards:

25. If the crime be traced back to excess in alcohol, the judge may forbid the delinquent to frequent saloon for from 1 to 5 years.

26. If it be advisable to place the drunkard in an asylum, the judge may, besides the punishment, order such treatment from 6 months to 2 years, according to medical advice.

—Corr. f. Schweizerärzte.

Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., New York.

ELECTRICITY OR HYPNOTICS IN THE TREATMENT OF INSOMNIA.

By S. H. Monell, M. D.

No symptom except excessive pain may give more trouble to the physician than persistent insomnia. The immediate cause may not always be a pathological one, yet may be equally difficult to remove.

Position is also a factor in sleep, so important that often no treatment can succeed which leaves it out of the account. Many persons can sleep only on one side.

In a recent case of compound fracture of the femur the writer encountered an insomnia that had to be combated during the entire eight weeks of enforced dorsal recumbency.

The patient declared that he had never been able to sleep on his back, and no other explanation of his wakefulness could be discovered. When the extension was removed and he was able to turn over to his accustomed position he ceased at once to complain of loss of sleep.

In similar cases, where the insomnia is obstinate or long continuing, the use of drugs may be both objectionable and injurious. Our text-books say very little of the invaluable aid that may be obtained from electricity.

Frequent mention is made of opiates, the nerve sedatives, hypnotics and new remedies, while electricity may only here and there be discovered in the form of a vague suggestion to "pass a galvanic current through the head."

Insomnia may be successfully treated by either of the three forms of medical electricity—galvanic, faradic and static. However important the exact method of the application may be when it is made to the head, it is a matter of common remark that patients "feel as if they could go to sleep" after the electric treatment of the most widely differing portions of the body.

The writer's preference is for static, if applied at the office, and for galvanism, if applied at the patient's home. These two forms will rarely fail. They are also peculiarly adapted to supplement each other, and when either alone falls short of complete success the aid of the other may be advantageously enlisted.

In the management of any chronic disease complicated by obstinate insomnia it is of inestimable importance to relieve this symptom without the continued use of agents which would impair an otherwise satisfactory prognosis.

ELECTRICITY AND HUMAN SUFFERING.

In a noteworthy magazine article, Prof. E. J. Houston says:

"The edge of the electric future is bright with immediate promise for the world's weal. Assuming the cause of electric charges to lie in the unlike electric charges of the combining atoms, I see the practical realization of electric synthesis, whereby wholesome food products will be directly formed under the potency of electric affinities. I see, too, a marked advance in electro-therapeutics, whereby human life will be prolonged and its sufferings alleviated. Diagnosis and prognosis will be profoundly aided by exact electrical measurements of the various organs of the human body as regards their electromotive force and resistance. The electro-therapist of the future will employ electric charges and currents for restoring the normal changes and currents of the body, as well as for the stimulation of nervous or muscular tissues."

It is impossible to estimate how much electro-therapeutics has already done to prolong human life and alleviate human suffering.

That the future holds more brilliant achievements in store no one doubts, but the past has not been destitute of good results.

How long ago the work was well begun may be judged by the following extract, written in 1756 by an English author of world-wide fame:

"Having procured an apparatus on purpose, I ordered several persons to be electrified, who were ill of various disorders; some of whom obtained an immediate, some a gradual cure. From this time I appointed first some hours in every week, and afterwards an hour in every day, wherein any that desired it might try the virtue of this surprising medicine. Two or three years after, our patients were so numerous that we were obliged to divide them: so part were electrified in Southwark, part at the Foundry, others near St. Paul's and the rest near Seven Dials; the same method we have taken ever since, and to this day, while hundreds, perhaps thousands, have received unspeakable good, I have not known one man, woman or child who has received any hurt thereby."

This was written 137 years ago, and electricity has been relieving pain and suffering ever since.

Ophthalmology.

Under the Charge of J. D. TENNEY, M. D., Boston.

ATROPINE IN CORNEAL ULCERS.

Nearly all writers upon the subject of corneal ulcers advocate the use of atropine when there is a threatened perforation in the vicinity of the pupil, and eserine when the ulcer is peripheral.

As it is well known that atropine fails to keep the pupil open after the aqueous humor is let out, it must be that this precaution is based solely upon theoretical grounds.

The writer has often dilated the narrow pupil of age as much as possible with atropine and cocaine before a cataract operation, hoping thereby to get space enough to afford an easy escape of the lens; only to see the pupil narrow itself again with the first gush of aqueous, and necessitate an iridectomy.

It is the practice of the writer to use atropine in corneal ulcers, whatever their situation; and if they do not do well, a little eserine is added, for its effect upon the cornea. When atropine fails, the addition of eserine will often act like a charm. It would be fortunate if we had some other indication for the use of eserine besides the failure of other remedies.

J. A. T.

ATROPHY OF THE RETINAL PIGMENT.

This condition is not mentioned in any book that has been seen by the writer, with the exception of Jaeger's Atlas. In the case described by Jaeger there was also myopia and congenital excavation of the optic nerve. After watching the case ten years, Jaeger found that the patient's visual vacuity did not sensibly diminish, but the atrophy gradually extended over the whole surface of the retina.

The writer has seen a number of cases within the past year, which fact leads him to the conclusion that it is not an uncommon affection, as the great scarcity of literature upon the subject would tend to make us believe. In one case it appeared in a girl 10 years old, whose vision was only 20-60. Another girl, 12 years old, had the same trouble, but

she could see 20-30. In these cases the disease would seem to be inherited.

Another case of the disease occurred in a man 35 years old, who worked at cabinet making. He complained that he could not see to do his work within a year or two as well as formerly. He had ten degrees of exophoria, which was corrected by operation; but still he complained of imperfect vision. In all these cases the atrophy was confined to the lower half of the retina.

The disease does not end in blindness, but the disappearance of the retinal pigment causes disturbance of the patient's vision, on account of the glare of light in the eye, probably. No one has ever pointed out a cause for the disease, and it is a question whether any form of treatment will arrest this peculiar degeneration.

J. A. T.

TRACHOMA.

There is a great deal of variance among observers as to the nature and cause of this disease. Some think that all chronic conjunctivitis is trachoma; while others only apply the name to those cases where there is hypertrophy of the papillae. Some believe that the worst cases are only aggravated follicular conjunctivitis; while others believe the disease to be caused by a specific germ.

Acute trachoma is often epidemic in some localities, which seems to point to a germ as a cause; but if the pus from the eye of a patient suffering from the acute form is introduced into the eye of a healthy person, it only produces a transient conjunctivitis, like septic material from any source. It appears from this that the surroundings of the patient have much to do with his susceptibility to the disease.

Every oculist has noted the stubborn nature of the mildest forms of trachoma. He may use nitrate of silver solutions, and the crayon of sulphate of copper, for months, without effect; and then he falls back in disgust, perhaps, upon simple remedies, and the patient begins to get well.

All of this seems to corroborate the theory of Dr. Mutermilch, as set forth in the "Annales d'Oculistique." He says the disease depends upon an unresisting epithelium, subjected to certain noxious influences found in the surroundings of the patient. When the epithelium is least able to protect itself, the so-called granulations are at the worst; but when the epithelium becomes more epidermoid in character it acquires the power of resistance, and the trachoma is cured.

J. A. T.

Book Notes.

BOOKS AND PAMPHLETS RECEIVED.
ADVANCE SHEETS FROM NINETY-SIXTH ANNUAL REPORT OF THE MARYLAND HOSPITAL FOR THE INSANE. 1893.

'STATIC ELECTRICITY IN CUTANEOUS AFFECTIONS. By S. H. Morrell, M. D., New York. Reprint from "Medical Record."

FOUR YEARS' WORK IN DISEASES OF THE RECTUM AT THE POST-GRADUATE HOSPITAL CLINIC. By Charles B. Kelsey, M. D. Reprinted from the "New York Medical Journal" for December 16, 1893.

THE TECHNIQUE OF POST-MORTEM EXAMINATION. By Ludvic Hektoen. The W. T. Kener Co. 1894. Price, \$2. M. D. With 41 illustrations. Chicago.

This little work speaks for itself. It does not require a long introduction. There are several guides for post-mortem examinations on the market; but none of them can compete with Dr. Hektoen's Technique.

The introductory chapter contains a number of valuable hints on the preparation for post-mortems (requirements in private houses), on embalmed and frozen bodies, on the record (with a sample of a report of post-mortem examination to the Coroner), and on the early steps in the preparation of post-mortem material for microscopic and bacteriological purposes. After a very valuable chapter on the treatment of wounds occurring during dissections (written by Dr. Willer van Hook), Dr. Hektoen closes the introduction with statistical data and a description of the special instruments and appliances (Fig. 1-13).

The "examination of the body" treats the subjects in the order of examination itself. The descriptions of the method are short, but full of practical suggestions and profusely illustrated. He who has made a post-mortem, strictly following these rules, may be satisfied that he gave himself a chance to see and inspect everything in the best possible way. Eight illustrations assist the description of various methods of dissecting the head and the contents of its cavities; Fig. 24 shows the long anterior incision; the dissection of the heart is demonstrated with six drawings; the lungs and the organs of the neck are reproduced in three photos and the kidney in two drawings. The removal of the intestines, the opening of the small intestines along the mesenteric border and the section of the liver are the subjects of the next three

drawings. The text is very clear and interesting even for him who has considerable routine in making post-mortems. It is not an accumulation of connected data, but given so that one link follows the other with a certain necessity.

A chapter on the examination in cases of suspected poisoning, another on the examination of new-born children (4 figs.), and finally one on the restoration of the body (1 fig.) complete the work.

The drawings are mostly excellent, made after photographs, and very instructive.

The value of such a methodical work for medico-legal cases cannot be overrated. It is very probable, and, at any rate, most desirable, that it should be adopted as a compulsory plan for such cases. With the practitioner and the student it will no doubt become the most popular guide. It is too evident that only a methodical post-mortem can be of use and instruction for the physician.
A. M.

Miscellany.

DEATH OF MRS. SAYRE.

The decease on Friday, after a very brief illness, of Mrs. Eliza Ann Hall Sayre, at her residence, 285 Fifth avenue, removes one well known for many years in the charities and benevolent work of this city. Mrs. Sayre was the wife of Dr. Lewis A. Sayre, the eminent physician and surgeon, who was one of the founders of the Bellevue Hospital Medical College, and who still fills the chair of orthopedic surgery in that institution.

ALIVE WITH A BROKEN NECK.

The following bit of information has appeared recently in the daily papers:

New York, Jan. 12.—Of all the cases of patients suffering from broken neck that have recently been recorded in this vicinity the most remarkable is one now under treatment by the surgeons of the Gouverneur Hospital. Several instances of dislocation of the bones of the spinal column have come to light within the last few months.

This is a case of genuine fracture of the bones of the neck at the base of the skull, an injury that has heretofore been regarded as mortal. But in this instance not only is the patient alive, but there was every indication to-day that he would, after proper care, recover his physical and mental faculties and get entirely well. House Surgeon Jamal said to-day: "It is the most remarkable case that ever came under my observation, and I have searched medical works, and cannot find its parallel. The boy is gradually improving, and the chances are now that he will survive." The lad, who was injured on Wednesday, is in a semi-stupor, but is conscious.

The Times and Register.

VOL. XXVII. No. 4. PHILADELPHIA, JANUARY 27, 1893.

WHOLE No. 803.

Original.

FRACTURA OSSIS HYOIDEI.

BY C. B. CAMPBELL, PH. D., WASHINGTON, D. C.

On December 8, 1893, Mr. —, a medical student, while in the laboratory was leaning over the desk of a fellow-student, who was seated much below him, upon a low stool. Out of fun the latter reached up and grabbed him with his right hand upon the neck, between the lower angle of the jaw and the thyroid cartilage, over the region of the os hyoides. His right thumb being over the great cornu on right side, and index finger over the left. Quick lateral compression was exerted, considerable force being used.

Immediately something was felt to give way, at the same time a very perceptible sound was heard. From that moment swallowing became slightly embarrassed. Nothing was thought of the accident until the next day. Then the symptoms were more marked, viz.: dysphagia, slight pain upon talking, or laughing; hoarseness, slight cough. Twenty hours after accident, slight hemorrhage from fauces. Two days after slight swelling and soreness.

At this time it was examined by three physicians and pronounced fracture of great cornu of hyoid bone. The fracture was near the body and pursued an oblique course from within outward.

PHYSICAL SIGNS.

Mobility of fragment; pressure over this region, during deglutition, elicited a feeling similar to a fish pulling upon a line. The fragment was drawn slightly upward and inward. Crepitus could be felt. Slight swelling was present.

TREATMENT.

Rest, confinement to house; talking, especially loud, was prohibited. Warned against exposure to cold. Liquid diet was also ordered.

The patient did not carry out any

of these instructions. His condition remained the same during the first week, During this period he suffered but little inconvenience from the accident.

At the end of the first week physical examination failed to elicit crepitus. A slightly increased mobility could be made out by comparison with the great cornu of the opposite side. Judging from this, it was evident that fibrous union had taken place. After the eighth day the symptoms gradually disappeared. By the end of the third week no symptoms were present, and by physical examination no abnormal condition could be made out. Bony union was complete, leaving no discernible deformity.

This is a very rare fracture. In looking up this subject I could find but 25 cases recorded. Dr. A. F. Sawyer, of San Francisco, says: "Fracture of the tongue bone is a rare accident." The great cornu was broken in all the cases except in a few cases in which great force was used, as in hanging; thus producing fracture of the body. Only nine cases are recorded due to lateral compression or throttling. Other causes are direct violence, falls upon jaw and neck, and muscular action.

Dr. Frank M. Hamilton says: "Generally displacement inwards has been so complete that crepitus could not be detected, and but few instances are mentioned where it could be demonstrated." In this case crepitus could be made out with but little difficulty.

"Prognosis is good." Fatal edema of the glottis is to be feared, as is laid down in the text books. In the recorded cases only one died from that cause—making less than 1 per cent. mortality.

I present this case on account of its rarity, the easily recognizable symptoms of fracture, the little pain and inconvenience experienced by the patient, and its final union and good result without any treatment whatever.

APOMORPHINE IN THE TREATMENT OF HYSTERIA.

BY O. H. ROSSER, M. D., RENOVO, PA.

There is no condition met by the physician that should call forth from him sympathy and pity like hysteria, yet, after we meet it, if we show the sympathy that might be expected, or that would be right, we would only add fuel to an already burning flame.

It is a condition above all others in which sympathy is contraindicated; then, too, after we have seen several cases of this complaint, we are soon brought out from a feeling of pity to one of disgust.

The late Professor Wallace, when speaking of hysteria, said: "The best definition of the word or disease would be 'The Devil,'" and we must agree with him.

We must not fail to appreciate that the cause of this affection, in many cases, is in reality some pathological condition, and depends on a morbid process.

This must be attended and treated properly; but how often when all causes seem to be removed, and all the body is in a healthy condition, the symptoms still linger. It is in these cases where there are no apparent causes that we would advocate the use of muriate of apomorphia.

I will cite two cases of this kind, and in them show what the results were:

Case 1. Miss V., aged 32 years, was taken violently ill one night in 1891 about 11 o'clock.

Her room-mate sent for me. I found her in a condition that would frighten almost anyone. She was very delirious, and was roving. Naturally of a very retiring disposition, she seemed to have no thought other than to make the greatest exposure of herself; tearing her clothes from her person as fast as they could be replaced.

She had taken about 6 ounces of whisky during the previous hour, which did not improve her nervous condition.

I gave her morph. sulph. gr. $\frac{1}{4}$ hypodermically, without any effect, and one hour afterward gave her 1-10 grain apomorphia subcutaneously.

This produced severe vomiting and emptied the stomach of water and whisky. Shortly afterward she fell asleep, and woke in the morning all right and feeling very well.

About one year afterward I was again called to her, and found her in the same condition as before. All that was

necessary was to make preparation to use the syringe, when she said: "Doctor, wait a moment; I think I am better;" and she was better. She has had no return of the trouble.

Case No. 2, Mrs. S., a young woman, aged 19 years, lately married, rather unhappily, was taken ill one Saturday afternoon. I was hastily called and on entering the room was met by her mother, who said: "Doctor, she has neuralgia of the heart."

I found no indication of that trouble except a pain in the left epigastric region. This lady had been taking about six grains morphia daily, and expected a hypodermic injection of the drug to relieve the pain, but an injection of pure water answered the purpose, and she was better.

The next day she developed marked hysterical symptoms. She was very joyous and very hilarious. I gave her apomorphine, grain 1-10, subcutaneously, which produced decidedly good results. She was in good condition for two days, when another attack occurred. I again used my syringe with another 1-10 grain of apomorphia, and she has had no further attack.

In this case the patient thinks I used morphia, and she is very much afraid of it now. So it answered a twofold purpose—broke up the hysteria and also the morphine habit.

In both of the above cases, as well as several others I have treated in the same manner, the use of apomorphine has acted very nicely indeed. I do not claim any priority in its use, for it is recommended by several authors, but I used it before seeing any authority on the subject.

Any drug or treatment that will relieve our patients is certainly to be commended. It is necessary also to use considerable moral influence, and under no circumstances to allow your patient to think you are making them sick. I try to teach them that their own actions have brought the trouble on; that it is the result of their own nervous condition.

If they have been taking morphine I tell them I am giving them that drug, and often, as in the second case, it acts very beneficially.

So, then, I can heartily recommend this drug, and feel that almost any attack of violent hysteria can be broken up by its use. We should use caution where systemic disease precludes its use.

SENATOR ON ATROPHIA AND HYPERTROPHIC CIRRHOSIS OF THE LIVER.

Translated from Beltr. Klin. Woch. 1, by Adolph Meyer, M. D., Chicago, Ill.

Laennec (1819) described, in a man suffering from pleurisy and ascites, a disease of the liver which he called cirrhosis on account of the yellow color of the organ.

Bright (1827) was the first to describe the cirrhosis as an obstruction of the portal vein and its branches, causing ascites; the liver may sometimes be enlarged, but generally goes over into the so-called granular atrophy.

The discoveries in histology showed that it was a process of proliferation of the interstitial connective tissue of Glisson's capsule, accompanying the branches of the portal vein, which, finally, goes over into a cicatricial shrinkage. This produces the decrease of the liver and its uneven surface, and explains the swelling of the spleen, the distention of the veins and the ascites. But, from time to time, cases were described in which the liver was and remained enlarged, cases with jaundice and without ascites.

Todd described this as a special form (1857), but was not recognized.

Hanot (1876) and Charcot (1876), however, took up the distinction and the latter pointed out that, beside a rare form in hereditary syphilis, there was:

1. A granular atrophy (generally called Laennec's) with ascites and without jaundice.

2. A form which started from the biliary system (biliary cirrhosis), causing jaundice, but no ascites, leading to hypertrophy. This form could be produced by continued occlusion of the gall duct.

Finally, Dieulafoy added a mixed form which would agree in its symptoms with the granular atrophy, but have a rather large liver on account of secondary fatty infiltration.

All the chemical varieties can be traced back to variations in the following four points:

1. The size of the liver.
2. The presence or absence of jaundice.
3. The presence or absence of ascites and other signs of stagnation in the region of the portal vein (extension of veins), of the abdominal skin and of the intestine.

4. The presence or absence of the swelling of the spleen, which is to be separated from the other signs of stagnation for reasons mentioned below.

1. The size of the liver depends on the amount and the quality of the new-formed connective tissue and on the condition of the liver parenchyma. Shrinkage of the connective tissue and destruction of liver cells will produce decrease; as shown in the common portal cirrhosis (granular atrophy). Where the liver cells remain all, or nearly all intact and where the connective tissue does not have a tendency to shrinkage, we find the hypertrophic form of Hanot, in which the branches of the portal vein do not show any constriction. (Hence the absence of ascites.)

The granular atrophy may imitate somewhat the latter form as far as the size of the liver is concerned; fatty infiltration or amyloid degeneration may compensate the atrophy and simulate a hypertrophy.

2. The presence of jaundice depends on the action of the cells and on the free passage of the bile. If there is occlusion of the bile-duct the bile passes over into the lymphatic system (Vaughan Harley), and through the thoracic duct into the blood. This explains the absence of jaundice in the ordinary granular (portal) atrophy; many liver cells are early destroyed, and the lymphatic vessels are rather occluded—whereas the biliary canals remain open; there is even a new formation of biliary canaliculi.

If, however, biliary canals are occluded accidentally, or if there is a gastro-intestinal catarrh, we may find Laennec's cirrhosis complicated with jaundice.

In Hanot's hypertrophic form the liver cells are normal, or even hypertrophic. The stagnation of the bile seems to be due to inflammation (connective tissue growth) round the middle-sized biliary canaliculi (angiocholitis and periangiocholitis of uncertain etiology).

3. The ascites and the dilatation of the veins of the abdominal skin and the gastro-intestinal canal are due to stagnation in the portal vein, and in a chronic periphlebitis of the mesenteric veins, which regularly accompanies Laennec's cirrhosis. The veins of the spleen and of the stomach seem to have a more independent character.

4. The swelling of the spleen is scarcely due to stagnation of the portal vein

alone, as it appears frequently very early, and in cases where there is no stagnation. The latter is, of course, sometimes an important cause; but it seems the same causes that act on the liver act at the same time on the spleen as well (chronic alcoholism, syphilis, malaria, waxy degeneration, etc.).

On the ground of considerations based on such an analysis, Senator classifies his cases in the following way:

1. Laennec's portal granular atrophy of the liver: atrophy of liver, with uneven surface; ascites; periphlebitis of the portal vein; tumor of spleen; no icterus.

A variety of this form may show hypertrophy of the liver—the rare cases where the fatty infiltration causes swelling.

Another variety would be those cases in which jaundice occurs, due to more accidental obstruction of the biliary duct (inflammation or gastro-intestinal catarrh).

2. Biliary cirrhosis with consecutive atrophy. This form would originate from and be characterized by chronic obstruction of the biliary duct by stones, etc. It is not counted among the real forms of cirrhosis by many authors: but undoubtedly may lead to cirrhosis. This form may be associated with swelling of the spleen (cause doubtful). This second group is more frequent in females, as chlolethiasis is more frequent in women.

3. Hanot's hypertrophic cirrhosis with icterus.

Still, there will remain a small number of cases that will only be classified as chronic interstitial hepatitis, with or without chronic splenitis—cases that do not belong strictly into any of the three classes mentioned.

With regard to the prognosis, Senator finds only a number of cases in the record group amenable to cure—those cases which are due to obstruction by calculi. In all cases it seems that swelling of the spleen is a rather unfavorable symptom.

Treatment.—Semmola saw cure of the first form through continued milk diet. Senator found it very difficult to confine his patients to absolute milk diet for a few weeks only. The action of iodide of potash is somewhat problematic. Senator makes an early puncture of the ascites and uses calomel with digitalis.

R Calomel.

Digitalis. aa 0|1 grm.

M.—Ft. in capsulis uno.

Sig.—Three times a day.

After 10 doses he makes a prolonged pause and then takes the same cure up again if necessary.

In the biliary forms (group 2 and 3) Senator likes high infusions of oil (1 liter with a little water and soap) or of solutions of salicylate of sodium (1-2: 500), or benzoate of sodium (2-4: 500), with frequent massage of the liver, and occasional administration of laxatives (calomel, podophyllin). Warm prolonged baths (with massage), Carlsbad cures and proper diet seem to have a good influence on the secretion of the bile.

THE PHILOSOPHY OF MAN.*

EY JAMES E. GARRETSON, A. M.,
M. D.

(Continued from last number.)

Prestigation is alluded to with view to guard against confusions and deceptions lying closely mixed up with use of the Egoistic sense. Did Samuel hear a voice? Did Saul see Samuel? Regarding the latter the story is told after a manner which exposes the credulity of the King to a great strain. It is not affirmed that he saw save through the eyes of the witch. What he heard, however, whether through witches' ears or his own, proved an overwhelming truth if the Biblical history is accepted.

Ridicule has attached itself to many persons, strong-minded enough as to ordinary affairs, who persist in affirming as to voices and visions heard and seen by them. Is there difference here with the Biblical recitals? Denying the former, I would as certainly question the latter. To measure any of these things properly, Egoistic sense to be possessed or understood, while to possess or understand it nothing more wonderful is needed than to be poet, musician or inventor, or, to understand the meaning of poet, musician or inventor.

The son of one of our university professors, himself a man of profound learning, assured me with a solemnity of speech begotten of so impressive an experience, that it was not uncommon to

*Synopsis of lecture delivered before the Garretsonian Society, January 1, 1894.

find two of his children, long dead, seated upon his knees. Is this to be laughed at? Let the transfiguration scene recorded in Mark 9 be recalled. While its converse, is not this one with what is recited of the professor's son's experience?

But are sights like these instanced, and a great multitude of similar significance lying with sacred and secular history, to be accepted otherwise than as subjectives? I am confident that were I seated with the professor's son at the times of his visitations nothing would be seen by me of any children. On the other hand I am to recall an experience where, being seated in the sick chamber of a medium and having my mind on nothing but a prescription for her relief, which I was trying to evolve, there suddenly shone upon four bolt-heads of a white and bowed window shutter, upon which I was unconsciously looking, four of the most wondrously beautiful faces I had ever beheld, while, do what I would in the way of rubbing eyes and making changes in position, I could not dispel the vision or get back into sight the bolt-heads. Were I a painter to have caught and kept these faces upon canvas; otherwise put, could I have materialized the forms seen, I am impressed that a revolution as to conception of human beauty would have dated from that hour.

The sight of vinegar eels is one with prestigiation to a common-sense man, and is as truly this, yet neither less nor more so than is a transfiguration scene witnessed by apostles or the sight of an angel, as described by Mary Magdalene. Sight is according to ability to see; vinegar eels, being opaque bodies, are within the capability of educated sense. Forms that are unfilled with matter, being transparent, are not seeable by eyes fitted alone to dealing with the opaque.

Recitals of visions and dreams constitute almost wholly inspirational givings forth, as met with in the Bible. Dealing is with what relates with the dealing, namely: with egoistic sense. This is put by Paracelsus: "A wood-carver sees a beautiful image imprisoned in a log of wood, which has been sold him by a wood-chopper for a groat. Cutting into this log, a form is found liberated almost too costly for price to buy." Cuttings made by choppers discover alone cord wood and sticks.

Is Paracelsus' putting to be denied as to its truthfulness? And is what is seen of a wood carver's "images not exactly one with the inventor's materializations? Is not the same as to sight by the professor's son, by apostles, and by Mary Magdalene?

Is the existence of Plato's forms to be denied if the images of wood carvers be accepted? Is it in any high sense an argument for the denial of the existence of forms that they may not be shown to non-egoistic sense through materialization?

Consider here a half-way state found lying with all save the purely brutal kind of persons. Are not all of us in possession of half-way ideas which we feel, but which we can bring to nothing? Are not all of us half-way poets, half-way musicians, half-way inventors? Do we not dream mixed-up dreams and behold muddled visions?

Here, with permission, I will recall a few lines from the book, "Nineteenth Century Sense." It is not thought wonderful that the face of a person or other apparently objective sight comes before a locker as he gazes on burning coals, or at a cloud-spread sky. Everybody meets such sights occasionally. A sensitive egoistically sees them, let his eyes be turned where they may.

Sensitives, it is to be recalled, are not sensitive alike to all things; hence reference to difference, as found with poet, musician, architect, philosopher. Things seen in glowing coals, in fields, in the waters of flowing streams, in upturned clay banks, accord with what is the sensitivity of the beholder.

Visions are not necessarily of association with things, or a thing, outside of the natural, but are in a law perceivable and enjoyable by him who is able to perceive and enjoy. A sitter by the side of a sensitive sees the pictures in the coals only as they are pointed out to him, or, being unsensitive, does not see them at all.

Relation of coal pictures and sky pictures are with internal and not with external. Here is paradox, but not obscurity. Internal is as natural as is external, only its dealings are different. Internal deals with unfilled forms; external, in order to have dealings with forms, must find them stuffed with matter; parallelism lies with non-microscopic and microscopic sight.

Things imagined and things material are of similar import, both existences

being in the user and being nowhere else. Surely this is not to be disputed by any who have studied with our class the phantasmal characteristics of so-called objective existences. Tangible is form materialized; this whether as to poems of poets, to scores of musicians, to models of inventors, or, using Plato's illustration, the bedstead of a bedstead maker. Paradox shows the imaginary things to be the real things, while science, familiar with the law of correlation, shows the so-called real things to be little else than shadows.

Let here a question from the same book be introduced, treating of what are seen and heard in dreams. Because few people are egoistic to an extent of independency of ordinary means of instrumentation, brain is always attempted to be used by Ego in its excursions during sleep-conditions, the sleep affecting the brain, but not the Ego; hence confusions—things being heard strangely and confusedly by the ears, seen strangely and confusedly by the eyes, touched, tasted and smelled strangely and confusedly by the other half-asleep organs of sense. The ordinary, or confused, dream never occurs when perfect sleep exists. A cerebrum put sound asleep dismisses instantly the hallucinations of a mania-a-potuist; this for the reason that egoistic activity, as here existing, is at once rid of perversions lying with instrument. Sound sleep on the part of an ordinary man means stillness of Ego by reason of absence of organs; illustration lies with a broken-legged man who ceases to walk out of fault of his limbs.

The ordinary dream has its crudities explainable in imperfect instrumentation. A brain half asleep is likable to a piano out of tune. With neither instrument is capability to make proper response. The thoughts of a page being read are thoughts by an Ego. As a pen splutters with its user or works easily, thus influencing the appearances of writing, so expression given thoughts rests with the bad or good working condition of the brain. If attempt be made to write thoughts when a brain is half asleep, result is akin with attempt to play music when a piano is out of tune.

Now, concerning the dreams of the sensitives—the poets, the musicians, the communers with spirits, the inventors and the architects.

Dreams that are one with communication made to a sleeping man by a

something apart from himself, whatever this something may be, are independent of relation with cerebration; for such dreams would not be the plain and perfect things they are if semi-consciousness of the anterior brain existed to confuse them. A dream of the purely inspirational class, that is, a dream which is one with communication made to the Ego of a sleeping man by an intelligence apart from his own, is clear as to its character, whatever the character may be; the poet gets his lines, the musician his score, the architect his designs, and the philosopher his aphorism.

(To be continued.)

SOMATOSE, A NEW ALBUMOSES PREPARATION.*

BY DR. F. GOLDMAN.

The albumoses may be considered as veritable tissue builders. As, in the pure state, they are characterized by odorlessness and tastelessness, and as they are devoid of the objectionable features of the peptons, chemists have long endeavored to separate the albumoses from the peptones as far as possible. Although a method has not yet been found for obtaining on a large scale the albumoses absolutely free from peptones, the progress has been so great that it is only a question of time when the albumoses will be produced in a pure form. As the most perfect preparation of this kind must be considered an albumoses product which has been introduced in the market under the name of Somatose.

Somatose is a yellowish, fine granular powder, perfectly odorless and practically tasteless. It is readily soluble in water and aqueous fluids. From this solution the albumins are precipitated by dilute acids, but redissolved by an excess of acid. When heated the aqueous solution gives no precipitate. Tannic acid, chloride of iron, sulpho-salicylic acid, ferro-cyanide of potassium and acetic acid give the well-known reactions. The biuret reaction, as might be imagined, is very marked, with a bluish color. Being a preparation of meat, Somatose contains those constituents of the latter which possess nutritive value. The glutinous pepton, which

*Pharmaceutische Zeitung, October 28, 1893.

readily forms during peptonization of the collagenous material in muscle, is eliminated from Somatose. Besides this 'pepton', the nitrogenous bases of meat (creatin, xanthin, etc.) are removed, but this is of no importance since these substances pass through the system unchanged, and, therefore, have no nutritive value whatever, and, at the most, may be considered as delicacies. Somatose contains no nitrogenous extractive and no fat.

To determine its tastelessness employ a 2½-5 per cent. solution in water. These proportions correspond in medical practice usually to doses of one teaspoon or dessertspoon dissolved in a cup of milk, soup, etc. In a watery solution the glutinous pepton can be easily recognized by the taste generally ascribed to it, even when it is present in minute quantities. A solution of Somatose of the above strength has a yellowish-brown color and a faint alkaline reaction. Whether dissolved in cold water or boiled, no flocculent deposits or coagula should occur. The boiling test enables us at once to distinguish genuine albumin from albumoses and pepton, as well as to separate them.

For the quantitative determination of the constituents several specimens derived from different sources were employed. The deviations from the numbers were so slight that we are warranted in considering Somatose as a product of permanently uniform composition.

	Specimen 1.	Specimen 2.
Water	10.04	9.20
Total Nitrogen.....	12.89	12.84
Albumoses	78.09	77.85
Pepton	3.40	2.20
Ash	6.72	6.78

In both analyses there are comparatively great deviations in the quantities of peptones. This difference may be explained on the ground that in specimen 1 the amount of pepton was determined by direct precipitation, while in specimen 2 the number 2.20 was estimated from the degree of rotation of the strongly concentrated solution. Remarkable in both analyses is the not inconsiderable minus to the hundred. This is attributable to the organic acids, which are contained in the ash in the form of carbonates and were estimated. In the dry substance there are contained, therefore, 14.14 per cent. nitrogen. If we estimate the amount of albumin from the nitrogen, by multiplying with 6.25 (albumin containing on an average 16 per cent. nitrogen), we would find in Somatose 88.37 per cent. of albuminous constituents. If, however, we take into consideration the multiplier for pepton, viz.: 6.4, the 14.4 per cent. nitrogen would be equivalent to 90.49 per cent. albumins. Inasmuch as the albumoses represent intermediary stages between the primary albuminous bodies and the peptones, and approximate to the former in composition, multipli-

cation with the lower factor seems more justifiable.

The albumoses consist only of deutero- and hetero-albumose, and contain neither protero- nor dye-albumose. Deutero- and hetero-albumose are present in Somatose in about equal parts. In 100 parts Somatose free from salts, pepton and water, there are 48.2 parts deutero- and 51.8 parts hetero-albumoses. The ash consists of magnesium phosphate, potassium phosphate, calcium phosphate, traces of chlorine. The comparatively high proportion of carbonic acid is attributable to the organic acids. Noteworthy is also the presence in Somatose of potassium phosphate, which is of so much importance for the formation of muscular and cellular tissue.

As a result of these metabolic experiments with Somatose, it was found that this substance has not only a remarkable effect in diminishing nitrogenous waste, but that it is capable of completely replacing the albumin of the organism.

The employment of Somatose in form of nutritive enemata has been objected to by some authors. As regards the value of hypodermatic injections of watery solution of Somatose into the subcutaneous tissues two divergent views exist. While Hildebrandt, on the ground of his experiments on dogs with subcutaneous injections, is inclined to recommend the subcutaneous method of introducing the albumoses in cases where feeding per os is prevented, Neumeister warns us against the introduction of Somatose in this way, because it is excreted unabsorbed with the urine. He bases his objection upon experiments made on rabbits. Hildebrandt employed for his experiments dogs, that is, carnivora or omnivora, while Neumeister experimented on herbivora. Neumeister injected 0.1 grm. Somatose, and was unable to separate this substance by means of ammonium sulphate and recover it from the urine, although the normal urine of the rabbit gives a precipitate with ammonium sulphate. I have made control experiments both on dogs and rabbits. Every one of the animals received a subcutaneous injection of 0.5 grammes Somatose dissolved in 10 c. cm. sterilized sodium chloride solution. As is customary, the urine was treated with ammonium sulphate, the precipitate dissolved and again thrown down, until the last deposit appeared almost colorless. This was dissolved in boiling water and the solution concentrated and allowed to cool. In dogs this solution failed to give both the sulphosalicylic and biuret reaction, while in rabbits it showed a slight turbidity with sulphosalicylic acid, but not the biuret reaction. After injection of one-half gramme of Somatose, this substance does not appear in its original form both in dogs and rabbits, so that Hildebrandt's statements must stand as correct. Another control experiment made by addition of 0.05 grm. Somatose to the urine, and treating the latter as above, also gave positive results.

At the sick-bed Somatose proved serviceable both as a dietetic remedy and as an aliment in diseases of the stomach, especially gastric cancer, and in phthisis. The use of Somatose also appears indicated, in all acute diseases attended with fever and debility, in chlorosis and anæmia, in the stage of convalescence, in short, in all conditions where a supply of food rich in albumin and readily assimilable is required. The dose may be determined from the estimate that, 1 part of Somatose is equivalent to 6 parts of beef free from fat. Single doses vary from $2\frac{1}{2}$ to 10 grammes; the daily dose may reach 40 grammes. To prepare the solution, it is advisable to mix the powder with an equal amount of water, so as to form a thick paste, to which the remainder of the fluid is then added. Among others, milk, cocoa, gelatinous soups, with or without red wine, beef tea, and perhaps, also, meat extracts, are suitable as solvents. Fluids containing tannin, such as strong tea, pure red wine, etc., acquire a disagreeable appearance on addition of Somatose, and for this reason should be avoided.

To more closely assimilate cow's milk in composition with woman's milk, Dr. Rieth advises that the former, after proper dilution (to reduce the quantity of casein), receive an addition of fat, sugar and albumoses obtained by heating egg albumin to 130 degrees. This mixture is said to act excellently as a food for infants; its only disadvantage is that both the evacuations and the flatus have an intensely disagreeable odor. This fecal odor is attributable to the sulphur contained in egg albumin, which is retained in the albumoses, when prepared according to Rieth's method. Albumoses produced from meat, such as Somatose, contain but a slight amount of sulphur, and hence, after administration of milk charged with Somatose, the odor of the feces will be much less intense. If to one portion of cow's milk, lab-ferment is added, and to another lab and Somatose, the latter will show a coagulum, consisting of very soft, almost flocculent casein, as in women's milk, while milk without addition of Somatose exhibits the well-known, thick coagulum. Inasmuch as the desideratum for infant feeding, a loose curdling of casein, is fulfilled by Somatose, I would strongly recommend it for the preparation of milk for infants.

To one litre of cow's milk (morning milk), add 730 c. cm. water, 10.7 grms. Somatose, 46 grms. sugar of milk, 35.6 grms. fat, that is 71 grms. cream, containing on an average, 50 per cent. of fat. The quantity of fat in the cream should be determined before its addition. After being sterilized the milk may be at once used for infant feeding. This estimate is based upon the following figures: Woman's milk contains, fat, 3.97 per cent.; albumin, 0.78; casein, 1.69; lactose, 5.46. Cow's milk, fat, 3.32 per cent.; albumin, 0.52; casein, 2.91; lactose, 4.84.

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PHILADELPHIA, JANUARY 27, 1894.

THE MOMENT FOR BLOODLET- TING.

Under this title an article appears in Sir Benjamin Ward Richardson's *Asclepiad*, No. 39, which gives an interesting resume of a practice of inestimable worth in many instances, but which has lately fallen into comparative disuse.

It is an opportune time that bloodletting should again be brought to the attention of the profession, not as an antipyretic, for we now possess better and less dangerous methods of reducing fever; but as a valuable analgesic, in conditions of severe pain dependent upon inflammatory or non-inflammatory congestion.

The question of employing bloodletting in cases of hemoptysis is considered, with arguments pro and con. "If by a rapid removal of blood we can induce immediate cessations of hemorrhage from the lung, we may prevent the exhaustion more readily than by letting the hemoptysis continue; while, at the same time, we may save cough and prevent a risk with the sudden filling of the trachea with blood, and asphyxia from coagulation of a column of blood in that tube." In conclusion the author states:

"If the experiences recorded in the present paper be taken with those pre-

sented in the one in last "Asclepiad," there will be afforded a fair view of the circumstances under which I should support the old practice of venesection. It will be gathered that venesection is considered sound practice under several conditions of disease, notably the following:

(a) In acute spasmodic seizures, as in spasm of croup, in colic and in angina, with symptoms of oppression from distension of the right side of the heart with blood.

(b) In acute pain, membranous or spasmodic, as in sudden pleuritic or peritoneal pain or in pain from passage of a calculus, hepatic or renal.

(c) In acute congestions of vascular organs, as of the lungs or brain, apoplexies.

(d) In cases of sudden shock or strain, as after a fall or a blow, sunstroke or lightning shock.

(e) In some exceptional cases of hemorrhage of an acute kind unattended by pyrexia.

I have been occasionally asked under what exact condition of a patient may blood be drawn without hesitation or fear of direct danger from the practice? To this question I answer: When the veins are full and the pulse is firm, regular, full, tense; the pupil natural or contracted; the body at normal heat, or with brain symptoms, raised in temperature; the bronchi free of fluid, and the sounds of the heart well pronounced."

THE PATHOLOGY AND TREATMENT OF APPENDICITIS.

Since laparotomy has become the en courrant therapeutic measure as a prophylactic and radical means of cure for appendicitis, so many deaths have followed this procedure that many have searched for some constitutional remedy that might dispense with the use of the knife, in the inflammatory non-perforative type of the malady. But, before effective medication could be instituted, it was important that the underlying cause be ferreted out and that its etiology be mastered.

With this object in view, the light of modern bacteriology has been turned on, and the fluid exudate of appendicular inflammation and ulceration has been critically and systematically examined by cultures and inoculative experiments. Yet we are compelled to acknowledge

that this phase of the subject remains as obscure as ever.

Hopendyl, of New York, recently examined exudate of 35 cases of appendicitis. In all cases he found the bacterium coli communis.

In 31 cases it was unassociated with any other pathogenic germ. This has been always found in other necrotic conditions of the colon; besides, in perforation of the appendix. It is said to be a germ of high pyogenic power, and when pure cultures of it are injected into the lower animal, it promptly produces local suppuration or general systemic infection.

In rare and exceptional cases of perforative appendicitis the streptococcus and staphylococcus-pyogeneus-aureus have been found. It is denied that typhoid or tubercular ulceration is ever anything more than a very rare lesion in the appendicitis. This author found concretions in but few cases of perforation, and questioned the importance of its role.

Fitz, in an analysis of three hundred cases, found concretions in but five per cent. And Ribbert, in four hundred post-mortems, found fecal concretions in only 38 appendices.

On the other hand, Richardson tells us, in his latest contribution on appendicitis, that he found them in all his 189 cases, at the site of perforation. He attributes the mortality in appendicitis to the bacillus coli communis, and cites Roswell Parke, who, in his essay before the late meeting of the American Surgical Society, took the same position.

In a considerable number of his cases Richardson failed to find this germ. He claims that a bacterial examination should be made of the exudate in all operations on the appendix, and that when the colon-germ is found the prognosis is unfavorable.

The observations of the New York bacteriologist, as we see, are not in accord with those of Parke; for he found the bacillus coli communis in all, indiscriminately, the mild and mortal cases, and attaches no importance whatever to it as a prognostic factor.

This germ, it should be remembered, is an inhabitant of the normal, healthy colon, and that it should be found in perforative, suppurative appendicitis in all cases is to be expected. It is known to possess migratory powers, too, for it has been found by Strauss in phagedenic bubo, and by Allen, in gan-

grene of the scrotum. Others have discovered it in situations quite remote from the colon.

"But it does not by any means appear clear how we can regard its presence in suppurative appendicitis as anything more than a fortuitous circumstance, which on no hypothesis establishes its position as an initial or causative factor in this mysterious malady.

As an operation for appendicitis is always attended with considerable danger to life, and a hernial protrusion commonly follows through the scar of the operation in successful cases, it is a question yet unsettled whether a laparotomy should ever be ventured until symptoms point to perforation.

Often the appendix cannot be found after section, and most operators are loath to make an extended search for it. Fowler, of Brooklyn, has recently reported three mortal cases, in all of which the appendix was lodged on the left of the linea-alba.

Correspondence.

"FOR THE STOMACH'S SAKE."

The stomach recognizes its own wants. Don't feed it when it rebels. Don't refuse it when it pleads for food. It knows better than the looker-on.

When the tongue is coated the stomach is "ditto," and wants to be let alone.

When a person says he has a ravenous appetite let him satisfy it. If he has worms, all the more reason for extra support. If he has no appetite lavage may help him, food will not. Give nourishment every hour or so, in cases that call for it, if the patient will take it under reasonable persuasion; do not enforce it, unless he is insane.

When the appetite is capricious let it "caprice." Let it flirt with strange foods for awhile; it will soon return to its "steady company."

Inflammations and diseases of the digestive organs cause want of appetite; much food would be useless and perhaps hurtful; and a sufferer from one or other of these diseases will evince an instinctive antipathy to animal diet, and it would harm him to use it.

Consumptives abhor the fat of meat, but will readily consume it (and derive great benefit) as butter and in other forms, better suited to their delicate stomachs, and they show a great partiality for salted meats, onions, pork, olives and certain cheeses.

Affections of the circulation and ner-

vous system create a distaste for certain foods that would probably be prejudicial. An old adage says, "Feed a cold and starve a fever." More modern notions advise us to "feed a cold and feed a fever." Better say, "Consult the stomach."

With respect to drugs, we should recollect that nux vomica creates a false appetite, and may urge the stomach to food when not in a fit condition for it; that iron dries up the gastric secretions, and so may obtend the desire for nourishment when it is most needed; that morphia invalidates the digestive power of gastric juice, by decreasing its hydrochloric acid, and so may induce dyspepsia; and that alcohol causes excess of gastric fluids, and the waste diminishes the supply that will be wanted later on, for the purposes of digestion.

Louis Lewis, M. D.

A COURSE OF LECTURES TO NURSES AT COLLEGE OF PHYSICIANS, PHILADELPHIA.

Sir—A syllabus of uncommon scope, containing twelve lectures to nurses and their friends, being presently delivered at the College of Physicians, in this city, by W. H. Bricker, M. D., B. Sc., has been placed in our hands, and having slightly recovered a degree of equanimity we are at a loss from the number and character of its contents whether to express wonder or fear.

It may be apropos to merely notice en passant at so critical a time as the present, as to whether or not the whisped revolution has not actually come on us, when we consider this programme of "lectures."

We are, however, lost in admiration not only at the exhaustive subject matter to be discussed, but at the supposedly intellectual range of the enduring listeners.

Surely the difficulties of our student days, in grappling most of the subjects so glibly set down in this syllabus of lectures, does now appear ludicrous in contemplating so comprehensive a scheme as those nurses can now seemingly absorb, with all the ease of a sugar-coated pill.

The mental concentration demanded by so formidable an array of subjects completely eclipses the polymathic achievements of Goldsmith's village schoolmaster, thereby since his time proving an extension of cephalic diameters to a capacity which even ceases to excite wonder at the copious variety of knowledge contained nowadays in a nurse's course.

We compliment the gentleman who, Atlas-like, can so serenely carry and deliver an entire medical curriculum in twelve lectures to a class of nurses and their friends.

The heroism of the task is complete, for both lecturer and pupils; we beg to greet so august an effort. All hail!

Yours, etc.,
J. L. C.

Bureau of Information.

Under the Charge of W. F. WAUGH, A. M., M. D., Chicago, 834 Opera House Block.

HEMORRHOIDS.

I have a patient, age 70, large and somewhat plethoric. Has had diabetes for several years, but under the influence of diet and some treatment she is able to reduce the amount of sugar to almost nothing. However, she had not been under strict diet and treatment for some time, and an examination of her urine shows sp. gr. 1040, with an abundance of sugar, but small amount of urine. Circulation is sluggish and she has been troubled with numbness for years. But her most distressing trouble is a large hemorrhoid, with a broad base, partly external and partly internal. It is very painful and troublesome, and she is anxious to get rid of it. In her condition will it be safe to remove it, and if so, what in your judgment is the best method? I fear any operation that will necessitate confinement to the bed for any considerable time.

A. B. F.

In such a case I would not ligate. The treatment depends on the condition of the anal sphincter. If it is hypertrophied, or shows a tendency to contract spasmodically when the finger is passed into the rectum, I would cocaine the parts after Manley's method, and dilate the sphincter. But, as is often the case with women of her age, the sphincter is feeble and relaxed; dilatation would result in prolapsus of the rectum. I would, therefore, prefer injecting the pile with a few drops of carbolic acid solution—5 per cent. This is also the best for bleeding piles; and, very often it is required after dilatation has been performed. Why not try the strontium lactate for the diabetes?

W. F. W.

HEMORRHAGE IN TYPHOID FEVER.

What is your treatment of hemorrhage in typhoid fever?

T. S. P.

(Hemorrhage from the bowels is very rare in cases treated from the first with the sulpho-carbolate. If ulceration has occurred, however, before this drug is given, it will not prevent this accident. I usually endeavor to forestall it by giving silver nitrate, $\frac{1}{8}$ gr. every 4 hours; and if hemorrhage occurs I apply ice and water bags to the abdomen for dangerously profuse flows, and give internally tincture of digitatis, gtt. xx, every four hours. Ergot I only use in the worst cases when digitatis would be too slow. For slight hemorrhage I give acetate of lead.

W. T. W.)

AMICK'S CURE.

Please state in "Times and Register" active constituents, if known, of "Amick's Consumption Cure," or from what is it supposed to derive any curative virtue it may possess.

E. O. PLUMBE, M. D.

The Amick advertisements appeared shortly after the publication of Dr. N. B. Shade's paper in this and other journals. Amick copied Shade's language, speaking of the "chemical" cure, etc., and I believe adopted Shade's methods of treatment. These were fully described by Shade, and consist in the use of calomel, iodoform, guaiacol, etc. I have seen cases treated by Shade and benefited—I dare not say cured, for that would require prolonged observation and searching examination, which I had no opportunity of giving.

W. F. W.

What has become of the Gross Memorial Fund?

No doubt, many of your readers who, at the instigation of a gentlemen (representing, I believe, the Alumni Association of the Jefferson Medical College), subscribed more or less liberally to a fund for the erection of a monument to the late Professor S. D. Gross, would be glad to hear what has become of the plan and also the money. The aforesaid solicitor had no plans or drawings of the proposed monument, neither could he state just when it might be expected to take shape. No receipt was given for the money and no provision for its return in case the structure was not erected. Information on the subject would no doubt be appreciated.

B.

TROISSIER'S GANGLION, AND ITS SYMPTOMATIC VALUE.

Gaillard showed to the Medical Society of the Hospitals of Paris a supra clavicular ganglion taken from a woman dead of retro-sternal cancer. (There was also left-sided pleurisy). The ganglion was situated above the left clavicle, behind the insertion of the sterno-cleido-mastoid muscle, and was unaccompanied by other ganglia. This proves once again the diagnostic value of the adenopathy pointed out by Troissier.

Surgery.

Under the charge of T. H. MANLEY, M. D., New York.

A NEW TREATMENT OF MAMMARY ABSCESS.

Tweedy adopts Weber's method of treating mammary abscess.

An early and free incision is made in the breast, radiating from the nipple, and situated at the most dependent part of the abscess.

The finger is then inserted into the wound, and the gland structure broken down. This manipulation, it is stated, will have no bad effect on the healthy tissue.

By this process several new cavities will be found, and these, in turn, are to be opened by an incision similar to the first, and the whole thoroughly douched with some antiseptic solution.

The membrane lining the several cavities is to be curetted, and the debris removed by a second douching.

Strips of gauze sufficient to fill every interstice of the abscess are to be steeped in a one per cent. solution of carbolic acid, and inserted by means of a long sinus forceps and probe. A large, flat sponge is then placed on the breast, and tightly bandaged thereto for twenty-four hours. After this period the dressings are removed, and without further irrigation the cavities are again packed, the sponge and bandage being reapplied as before.

On the third day process is repeated.

In the fourth dressing the gauze packing is dispensed with and the incisions are drawn together and dressed antiseptically; the sponge and bandage are reapplied.

This last process is repeated every twenty-four hours until healing is complete; this usually takes place about the tenth day. In one of the author's cases the whole process was accomplished without the aid of anæsthesia. In only one of his cases was it necessary to make a second incision. The incisions are never longer than is necessary to admit a finger.

Iodoform gauze should be used for packing the wounds.

The author only having treated five cases, cannot say definitely what portion of the above treatment is essential, but he is strongly inclined to the opinion that curetting can be safely dispensed with.

—Medical Press and Circular.

TO BEGINNERS IN LAPAROTOMY.

Dr. F. Byron Robinson offers the following practical suggestions to laparotomists:

1. Remember it is criminal to learn to do laparotomy on a patient.

2. Do not attempt to do laparotomies in private houses and with no nurses.

3. Before doing any laparotomy be sure to study under a master, and assist him, if possible, so you can see the pathology in the abdomen and how he removes it. Ask him to allow you to tie a knot once in awhile. Never lose the chance of assisting in or witnessing a laparotomy.

4. Learn the after-treatment. Half the battle is with the intestines.

5. Study carefully the abdominal and pelvic viscera of the cadaver. Study as many cadavers as you can. Never lose the chance of doing a post-mortem or attending one. Study the dog's viscera.

6. Be sure to make systematic experiments on dogs' abdominal viscera. Always do the autopsy on your dogs yourself. Note what damage to the peritoneum your manipulations did. Observe what peritonitis really is.

7. Be clean without chemicals. Learn to use very few instruments. Beginners should always invite a laparotomist friend to be present.

8. Be careful of promises.

—Medical Age.

AN EPIDEMIC OF SOFT CHANCRES.

M. le Dr. W. Dubreuille, of Bordeaux, contributed recently a remarkable contribution under the above title, in which he points out that it is a matter of common observation that soft chancres are scarce in these years during which syphilis is very prevalent.

He says that formerly in Paris soft chancres were most numerous, but that in recent years the Hunterian has taken the lead.

It has been about the same in Bordeaux; for in past years soft chancres were the most common. It was noted, too, that the local lesion was most commonly observed in the winter season, and in the male sex. He is unable to give an explanation of these clinical observations, though he adds that it is commonly known that soft chancre is the poor man's disease, and the hard is seen by far most frequently among the easier classes.

—Journal de Médecine de Bordeaux.

TREPHINING FOR INTRA-CRANIAL AB- SCESS.

M. Peau, in a recent interesting contribution, has again demonstrated what surgery can accomplish, in the way of operative relief for brain lesions, when they are definitely located.

Patient, a boy of four and a half years, was accidentally shot, the ball of the revolver traversing the globe of the right eye and penetrating the cranium.

Fever, agitation and cephalalgia so soon followed that it was evident that meningitis was developing.

He was shot July 14. By the latter part of August he developed marked ocular trouble in both eyes with the most intense neuralgia. But, by the middle of September, he had again made marked improvement as far as his general condition went.

Early in October severe pain, with fever and occasional unilateral convulsion followed. At this time he was seen and examined by M. Ballet, who diagnosed supuration; either peri or intracerebral, and he advised immediate trepanation. Soon after this the most alarming cerebral symptoms developed, with true Jacksonian epilepsy and comatose phenomena. September 28 M. Peau operated, penetrating over the superior terminus of the fissure of Rolando.

When the dura-mater was opened there at once issued about 200 grammes of pus. The cavity was now thoroughly irrigated; the dura closed, except at a point where the drainage tube entered. Improvement and entire recovery promptly followed. (It does not appear that the ball was found.)

—Revue De Therapeutique Et Medico Chirurg.

—Gazette Heb., June, 1893.

ANESTHESIA.

Anesthesia is still moot point in some minds and new ideas are always acceptable. Professor T. A. Reamy, in a clinical lecture at the Cincinnati Hospital, took the position of anesthetist himself in order to demonstrate his views on this subject. The doctor is a great advocate of ether and has some remarkable figures in his own practice with reference to this anesthetic. He considers it a great object to keep air from entering the cone about the face. The cone is made of several folds of newspaper, covered with muslin and sewed into a

square rather than a cone shape, one end of the opening being rather wide and round, to fit over the chin, the other sharp and narrow for the nose. Dr. Reamy uses three sizes to fit faces of different degrees of broadness and fullness. The cone is filled almost full of absorbent cotton, which is packed down hard. The usual amount of ether is placed on the cotton; the patient is given a few whiffs to accustom her to the vapor, when it is placed firmly over the face and not removed during the whole operation, provided it does not last more than 40 to 60 minutes. The doctor was able to anesthetize his patient completely before the class in two, three and four minutes. If deprived of air the patient soon begins to breathe her own carbonic acid gas. She is anesthetized partly by ether and partly by laughing gas. The patient once profoundly under it is astonishing how little ether is necessary to continue the effect. The patient should have absolutely no air, except what goes through the walls of the funnel. If the funnel is removed to replenish with ether the patient gets too much air, which prolongs the struggle. Dr. Reamy said he had been experimenting on the administration of ether in his private practice for some time. The average length of time for complete anesthetization is three and one-quarter minutes. The average is greatly increased by an occasional intractable case, which would be a long time going under any anesthetic administered in any way. In giving ether, watch the breathing and do not forget the heart. In giving chloroform, watch the heart and do not forget the breathing. He condemned, in the strongest terms, the use of mixed anesthesia.

INTRA-UTERINE HEMORRHAGE CON- TROLLED BY THE FARADIC CURRENT.

Dr. Worster reports a case of metrorrhagia and menorrhagia with prolapsus uteri, treated by bi-polar intra-uterine faradization. Result—cure. Six months later reported remains well, menstruates regularly and quantity normal. He also reports a case of hemorrhage following treatment of submucous fibroid of the uterus. Regular menstruation was secured at successive periods by the timely use of faradism.

Ophthalmology.

Under the Charge of J. D. TENNEY, M. D., Boston.

SYMPATHETIC OPHTHALMITIS.

It often puzzles the general practitioner to know whether to advise the removal of an eye or not, when it has been injured, in order to avoid sympathetic inflammation in the other eye.

In the first place, it is a question whether there is a case on record where such an inflammation was set up in the sound eye when the injured eye was not perforated.

If there is a perforation by a clean instrument, anywhere except in the ciliary region, and there is good evidence that no foreign body remains in the eye, we need have little fear. But foreign bodies left in the eye are a source of danger.

The writer once had a case where the ciliary region was cut through with a knife which was being used at the time to pare potatoes in water. The eye shrank a little, and the visual power went out; but the other eye never suffered. The injured eye was never inflamed to any extent.

A boy seen recently, where the whole cornea was cut across by a board, causing traumatic cataract, but in which there was no foreign body left in the eye, apparently, was advised to retain the eye, and no injury happened to the other up to date, three months after the injury. The injured eye was not inflamed.

Sympathetic inflammation rarely occurs when the injured eye has not been inflamed. It usually follows more or less destructive inflammation in the exciting eye, which has not come to rest since the accident. It rarely commences within three weeks after the injury. It never comes if the injured eye is removed within 24 hours, and rarely if the eye is removed within a week. When an eye is injured so as to cause escape of the vitreous humor, and collapse of the eye, it should be removed as soon as possible.

Sympathetic inflammation may be acute, but is oftener insidious in its course. One of the first symptoms is defective accommodation, followed by iritis and irido-cyclitis. A pupillary membrane often forms and there may be exudation over the whole uveal tract.

The patient should have a one per cent. solution of atropine sulphate dropped into the eye as occasion requires. In severe cases it may be used 18 or 20 times a day, care being exercised to avoid poisoning young people by its absorption. A leech upon the temple occasionally has a good effect. Hot water applied to the eye and side of the head is of great service.

If the exciting eye has considerable sight left after it has become quiescent and the other has been ruined by sympathetic inflammation, the exciting eye should not be removed; for it will often do better service afterwards than the other.

J. A. T.

THE USE OF PRISMS.

Maddox gives the following maxims to be observed in prescribing prisms.

1. Never order them unless indications for their use are unmistakable.

2. Never order them simply on account of an anomaly in the behavior of the eyes under various tests, unless there is asthenopia, headache, tendency to diplopia, or giddiness, possibly relievable by them.

3. Do not judge by one test, but by the "finger," "rod" and "card" tests, and if specially indicated by the relative convergence test also.

4. Remember that considerable latent deviation in distant vision is more important than in near vision (though the latter is not to be ignored), and that moderate divergence in near vision is physiological.

5. Always more or less under correct with prisms.

Boston Med. and Surg. Journal.

DEATH OF DR. GUTTMANN.

Dr. S. Guttman, editor of the "Deutsche Medicinische Wochenschrift," died on December 21 at Berlin as the result of a virulent attack of influenza, at the age of 54 years.

Therapeutics.

Under the charge of LOUIS LEWIS, M. R. C. S., Philadelphia.

IPPECACUANNHA WITHOUT EMETINE.

Powdered ipecacuanha root, deprived of its emetic principle, emetine, is stated to have achieved great success in the treatment of dysentery. The virtues of ipecacuanha are well known in this direction, but have hitherto been marred by the distressing vomiting that accompanies large doses. Merck, of Darmstadt, has produced a powder from the root of the best Brazilian ipecacuanha, free from emetine, but containing the other constituents intact. This has proved of great service in British India, the chosen home of acute and chronic dysentery. Scruple doses may be taken frequently, without the usual vomiting. It is known as ipecacuanha deemetinisata.

SUBCUTANEOUS INJECTION OF SALOL IN TUBERCULOSIS

According to the "Jour. de Med. de Paris," Grasset has obtained very satisfactory results in the treatment of tuberculosis by the subcutaneous injection of salol. The advantages claimed are the decrease in the fever and night-sweats, with a simultaneous moderation of the cough and the number of bacilli. He employs salol with oil in the following mixture:

	Gram.
R Sweet Oil	30
Salol	10

This is given with a syringe which contains five drachms. The injection is made underneath the skin, and Grasset asserts that within 20 minutes after its use salicylic acid may be obtained in the urine. The injections should be given in those portions of the body where the subcutaneous tissues are loose, as there is always slight induration produced, which, however, shortly passes away.

—Med. and Surg. Reporter.

SALIPYRIN IN INFLUENZA.

Von Mosengeil, of Bonn ("Deutsch. Med. Zeit.," December 7), strongly recommends salipyrin (salicylate of antipyrin) as a remedy in influenza. He has used it for two years and a half, and has found it a specific in that affection.

It must be given on the appearance of the first symptoms of the disease. In the case of young children doses of $2\frac{1}{2}$ to 4 grs. are generally sufficient; to older children and to persons of light body-weight or extraordinary susceptibility to the action of drugs, $7\frac{1}{2}$ grs. may be given. If the patient is of strong constitution, or if the attack is very severe, and especially if it has already lasted several days, 15 grs. should be given. Even after the administration of repeated daily doses of 30 to 45 grs. Von Mosengeil has not seen any unpleasant secondary effects. On the other hand, the drug often has a marked sedative and hypnotic effect; in particular it seems to have a special effect in relieving headache. For this purpose a single dose of $7\frac{1}{2}$ grs. is often sufficient. Salipyrin is of least service in the cases of influenza characterized by the rapid development of small circumscribed patches of pneumonia. In such cases large doses (25 to 30 grs. t. d.) are required. The author is emphatic in insisting on the continuance of the remedy for some time after apparent cure of the disease, in order to prevent relapse. It is important that no food should be taken for $1\frac{1}{2}$ to 2 hours before and after the administration of salipyrin. If violent fever be present very large doses (45 to 75 grs.) should be given, or salipyrin may be administered alternately with quinine (especially the readily soluble hydrochlorate) in doses of about 8 grs. Von Mosengeil in such cases gives quinine in the morning and salipyrin in the evening. If the latter alone is used, it is best given in the evening.

—Brit. Med. Journal.

Papain.—Is the active principle of the papaw plant (*carica papaya*) of South America and the West Indies. A peculiarity of the papaw is that the juice from its leaves and stem will quickly make the toughest meat tender, and the leaves can also be used instead of soap in washing cloths. Papain is extracted by treating the leaves with alcohol, then dehydrating the precipitate, and "drawing" it with hot water. It is an albumenoid, and more especially the whiter kind has a digestive action on fibrin.

—Indian Medical Reporter.

Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., New York.

DOES THE GALVANIC CURRENT PENETRATE THE BRAIN?

This is a most interesting question and has been the subject of more or less controversy. Dr. Deve reports the following experiments, which seem sufficient to prove that electricity acts perfectly within the central portion of the brain. Upon the head of animals about to be killed two electrodes were placed at the ends of the biparietal diameter, and a current of sixty milliamperes passed between them. Two galvano-puncture needles, insulated to within five millimetres of their points, were connected with an astatic galvanometer, thus forming a secondary circuit. This done, these needles, now positive and negative, were plunged into the scalp into the following positions. The primary current was sixty milliamperes.

1. They were plunged into the bipolar line, five centimetres from each electrode, when the metre of the secondary circuit after one minute registered fourteen milliamperes.

2. They were separated from each other on this line four centimetres, one to eleven milliamperes showing.

3. The distance between them was doubled—one to five milliamperes.

4. The positive needle in place, the other was introduced upon the occipito-frontal line—one to two milliamperes.

5. The needles being introduced at opposite points of this occipito-frontal diameter, a current still passed, shown by oscillations of the indicator needle, which were increased by interruptions of the primary current, but it was incapable of measurement. Having obtained these results openings were made in the cranium corresponding to the previous positions of the needles, through which they were plunged into the brain, it being evident that they would show a secondary current if the primary had traversed the scalp, bone and brain. Besides, the small amount of insulated surface of the needles, and their extreme thinness, made it easy to localize exactly where they picked up the primary flow. Now, no matter how deeply they were introduced into the cerebral sub-

stance, the recorded current was the same, as follows:

I. Eight milliamperes. II. Six milliamperes. III. Four milliamperes. IV. Two milliamperes. V. Too small to be appreciable.

Finally, the brain being laid bare and divided longitudinally, and the needles laid upon the surface, one centimetre apart, upon gray matter, the secondary current amounted to seventeen milliamperes; at the same distance, upon white matter beneath, fifteen milliamperes; the primary electrodes during this experiment in direct contact with opposite convolutions.

From these experiments the following conclusions were drawn:

1. The current passes through scalp, bone and encephalon.

2. It is stronger in the scalp, and grows weaker by diffusion, the more rapidly when electrodes are removed further from the biparietal line.

3. It spreads itself evenly through the entire encephalic mass. Nevertheless, assuming that gray matter is a better conductor than white, it is probable that electrical intensity is greatest in the cortical layers. Then, taking for granted the storage of electric energy, we can schematically represent the head by a sphere, on the surface of which is found the thickest part of a layer of fluid, the thinnest nearest the centre, while the middle layer will correspond to the gray cortical matter.

The greatest resistance to the passage of electricity was found in the inner table of the skull.

PAR-ESIS.

In electrical circles several bets have been made on the pronunciation of the word "paresis." Up to date the only man who has won is the man who offered to bet.—Exchange.

HOW TO ABORT FURUNCLES.

With a pair of epilation forceps remove the offending hairs. A few vigorous static sparks upon the affected tissues will then dispose of the boil in a few days.

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

PROGNOSIS OF PULMONARY TUBERCULOSIS BASED ON THE FEVER, WEIGHT AND FREQUENCY OF THE PULSE RATE.

Strumpell, in the *Progress Medicales*, endeavors to establish the prognostic significations of fever in pulmonary consumption.

At first, says he, in a certain number of cases, the pulmonary disease evolves without any appreciable increase of temperature. It would seem that the fever is due less to the bacilli of Koch than to secondary infection by stapho- and staphylo-cocci.

When the patient remains apyretic for some time the disease rests stationary or progresses very slowly.

Excluding complications, as pleurisy, hemoptysis, etc., capable of influencing the temperature, we may divide into five classes cases of febrile tuberculosis.

1. The sub-febrile. The temperature normal in the mornings is raised to 37.8 degrees or 38.3 degrees C. in the evenings. These cases are relatively favorable.

2. Intermittent hectic fever. Apyrexia in the morning, 38.5 degrees to 40 degrees C. (104 F.) in the evening. This type, almost special to tuberculosis, indicates a fatally progressive tendency.

3. Remittent type. Evening temperature, 39 degrees to 40 degrees C. Morning temperature, 38 degrees to 38.5 degrees C. Prognosis still more unfavorable; this type belongs to the "florid" forms of the disease.

4. Continued fever. The daily oscillations do not exceed one degree. This variety is rarely obscured; it is met with in miliary tuberculosis or at the beginning of certain forms destined to rapid course. It soon gives place to one or other of the preceding varieties.

5. Irregular thermic movement. The various types succeed and alternate with each other irregularly. This belongs to unfavorable cases; it is most frequently seen at the last stages of chronic tuberculosis. Profound depression of temperature (34 deg. to 35 deg. C.) are

met with in this same period. Their significance is of the worst.

It is not only from a prognostic standpoint that thermometry, so often neglected in phthisical cases, is important. The thermo curve, Strumpell says, constitutes the best criterion for appreciating the effect of the treatment employed.

The prognosis may also be based on the progressive denutrition of the patient to measure the extent of it. Arthrand calculate as follows, basing them on the variations in weight:

The typical weight in the adult is represented by the number of kilogrammes equal to that of the number of centimetres of height, over a metre. For example, a man 1m. 70 should weigh 70 kilos.

Given this, experience shows that the phthisic who has lost one-third of his weight is at the point of death, and he who has lost one-fourth is in imminent danger of grave symptoms.

For a favorable prognosis it is requisite that the weight should increase, and to compass this end every means should be used, and the patient should be fed systematically.

The extent of the pulmonary lesions is another factor in the prognosis, and not only the grosser amount of lesions, but also the entire affected area must be taken into consideration.

Arthrand proposes a practical means for determining the extent of the pulmonary lesions, based on the number of pulsations, which will be proportioned to the extent of the disease. He has obtained the following figures: When the entire lung is consolidated and impermeable, the pulse rate is 120; when three-quarter, the pulse is 110; one-half, 100; one-quarter, 90.

An exact prognosis may be made from the foregoing factors in cases of pulmonary tuberculosis.

—*Revue Medicale*.

TREATMENT OF ERYSIPELAS.

The new method consists of frictions of the part, with an ointment of chloro or bromo-phenol.

The plan was tried on 20 cases in a

St. Petersburg hospital, by using a 1 to 2 per cent. of para, chloro-phenol or ortho-bromo-phenol, with vaseline as a base. The ointment is applied twice a day. In some cases the redness became less after the second application, together with a reduction of temperature and limitation of the eruption. In one case the duration was eight days; in all the others the average was three to six days. Desquamation was slight; no consecutive abscess or other complication.

—Bulletin de Therap.

A FREQUENT MISTAKE BETWEEN DISEASES OF THE STOMACH AND INTESTINES.

In one-third of the patients, says Germaris, especially women, complaining of disease of stomach, one finds no real disease as dyspepsia or dilatation, for which they are often mistakenly treated.

The disorder instead of being in the stomach is seated in the large intestine, and consists of a pseudo-muco-enteritis—the result of a secretion of mucine.

The small intestine does not participate in this.

The disorder is produced by disturbance of the functions of the colon, gaseous fermentation and dilatation.

The numerous products generally accompany the harder fecal masses.

The treatment is as follows: Evacuation of the intestine, relief of the pain, by bromides of calcium or strontium, or cannabis (but not by opium).

To give antiseptics as the salicylate, borate or phosphate of soda (but not by benzo-naphthol).

Diet will be nearly that of health, only small amounts of alcohol allowed.

DIPHThERIA.

Dr. Jacobi, in "Arch. of Pediatrics," says: To make application in the mouth of an unwilling child is criminal—it is worse than criminal, it is idiotic—for it is impossible to do any good to a diphtheritic mouth which you cannot touch without injuring it. Of 20 children, 19 will be unwilling to have the throat touched in any way; at least all of those who are unwilling will get worse after the first application. Besides, the violence used to overcome resistance will exhaust what little strength there is.

That is why I have insisted so much on reaching the throat through the nose. An injection through the nose can easily be made, and will flow down and touch the throat just as well as if you opened the mouth and forced your treatment from that direction. Never inject through the mouth; always inject through the nose.

Prescriptions.

In January 6 number of the "Times and Register" in place of strychnia sulph. grams 2. In the next to last prescription, read grams .06.

DIABETES MELLITUS.

		Gram.
R	Lithii Carbonitis.....	2
	Sodii Arseniatis.....	.06
	Extr. Gentianae.....	1
M.	Ft Massa et in pil no XX divide.	
Sig.	One pill morning and evening.	
	—Annual Univ. Medical Sciences	

AN ELECTUARY FOR HEMORRHOIDS.

		Gram.
R	Confectionis Sennae.....	30
	Sulphuris sublimati e.....	30
	Pulveris Jalapae.....	4
	Copaibae.....	16
	Pulveris Zingiberis.....	2
	Potassii Tartratis Acidae.....	16
	Syrupi Zingiberis q. s.	
	Fiat electuarius.	
	One teaspoonful night and morning.	

A CATHARTIC LEMONADE.

		Gram.
R	Sodi Phosphatis.....	25
	Spiritus Limonis.....	1 25
	Syrupi Simplicis.....	60
	Aquae Destillatae ad.....	320.
	Misce et fiat haustus.	
	—The Practitioner.	

STINGS OF INSECTS.

		Gram.
R	Powdered Ipecacuanha.....	15
	Alcohol.	
	Sulphuric ether.....	aa 15
M.	Apply to affected parts.	
	—Medical Bulletin.	

CHRONIC HEADACHE.

Dr. Zentler advises:

		Gram.
R	Arseniate of sodium,	
	Sulphate of atropine aa.....	.03
	Extract of Aconite.....	.45
	Powdered cinnamon q. s.....	
Mix	and make into 30 pills. From one to four pills daily.	
	—La Riforma Medica.	

LOCAL GOUTY MANIFESTATIONS.

Biesenthal and Schimidt employ:		
R	Piperazin.....	2
	Alcohol.....	20
	Water.....	80
M.	Apply to affected parts on compresses, and cover with an impervious dressing.	
	—Medical Bulletin.	

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WHOLE No. 804

Original.

OTTITIS MEDIA PURULENTA.

BY F. W. FRANKHAUSER, M. D.,
READING, PA.*

Pathologist and Visiting Physician to the
Reading Hospital.

Let us, if you please, first consider the structure of the parts invaded. According to Gray the tympanum is bounded by the carotid canal in front, the mastoid cells behind, the meatus auditorius externally, and the labyrinth internally. It is filled with air, and communicates with the pharynx by the eustachian tube. It is traversed by a chain of bones called the ossicles, which connect the membrana tympanum with the labyrinth and serve to convey the vibrations communicated to the membrana tympanum across the cavity of the tympanum to the internal ear.

The cavity of the tympanum measures about five lines from before backwards, three lines in the vertical direction, and between two and three lines in the transverse direction.

Suppuration of the middle ear is one of the diseases that always comes to the general practitioner, and has not in the past and often does not at the present time receive the proper attention.

Many times the parents are told, if the patient is a child, that they should let the discharge alone, as the discharge when arrested might appear somewhere else; and it was good to have a discharge to purify the blood. Sometimes they are told the child will outgrow the disease and no harm will be done.

The time has come when we know that a purulent discharge from any part of the body is indicative of disease, and should, if possible, be brought under control.

Our surgeons and gynecologists do not

hesitate to cut or saw the tissues of any part of the body, so they may be able to follow a fistulous opening and find the source from which the discharge or secretion comes. They will at once say there is a disease somewhere, and must find out where and what it is.

If the physician who sees such cases early would give them the proper care, there would be no reason for persons going through life for thirty or forty years with a discharge of pus from one or both ears. How many cases there are that commenced from a bad cold, possibly a rhinitis, where the discharge kept up for years, where nothing had been done except simply washing externally with soap and water, being even afraid to allow any water to enter the internal canal.

Those of us who have treated many cases know how different the results are, when treated early, as compared with those where the discharge has gone on for months or years.

ETIOLOGY.

There are many causes leading to suppuration of the middle ear, and among them are the sequelae of the eruptive fevers.

First in the list are scarlet fever, diphtheria, rubeola, extending from the fauces to the ear, or beginning in the middle ear at first; anterior and posterior rhinitis, enlarged or hypertrophied turbinated bones, nasal douches, blows or falls, typhoid fever, smallpox, and there is no doubt in my mind that some are caused by forcible inflation, either by Valsalva's or Politzer's methods. Meningitis may also cause inflammation and suppuration of the middle ear.

PATHOLOGY.

The membrana tympani may be depressed owing to the swollen condition of the Eustachian tube, generally the results of naso-pharyngeal catarrh; or it may bulge outward by distension of the tympanum with air, mucus or pus.

*Read at the meeting of the Berks County Medical Society in November, 1893.

The membrana tympani becomes swollen, congested, a dark swollen appearance when the blood vessels supplying these parts break, as noticed when a drop of serum collects on the outer part of the membrane, or early before any secretion takes place.

The soft parts of the external auditory canal or tissues surrounding the canal often partake of the inflammatory character, owing to the continuity of the tissues.

Again, a part of the membrane may break, or, owing to the ulceration, or the pressure, perforation may result, thus giving an outlet to the pent-up fluid and relieving the tension of the parts. Any part of the membrana tympani may be perforated; or, more than one perforation may take place about the same time; or, from one fourth to one half of the membrane may break down; or, as I have seen in one case, nearly the whole membrane broke down as it were by a slough.

The part of the membrane likely to become perforated is where the pressure is greatest, generally the centre or below the centre.

Again, in the eruptive fevers a perforation may occur as a result of inflammation and pathological changes or gangrene of the parts than from pressure from the fluid.

The mastoid cells of the temporal bones often become involved, the parts break down or sinuses form leading from the mastoid cells to the surface, or into the external auditory canal.

The inflammation may extend into the roof of the external auditory canal, thus causing caries or necrosis of the bones, as well as destroying the soft parts by sloughing or by necrosis of the soft parts.

The inflammation may extend from the meninges or to the brain proper. The opening to the sinuses is generally through a teat or prominence. Some times the openings are covered by small polypi or by granulating tissue.

SYMPTOMS.

This is one of the diseases that is usually well marked, and it may be well said "That he who runs may read."

Pain is always present; it may be only for a few hours, or it may be present for several days before the membrana tympani becomes perforated, and the secretion flows from the external auditory canal.

The secretion may empty into the pharynx through the Eustachian tube.

The temperature is, as a rule, not very high. It may range from 100 degrees to 105 degrees F., when it is uncomplicated. Where it occurs as a sequelae from some other disease the temperature usually rises 1 or 2 degrees above the prevailing temperature when the manifest stage of suppuration takes place.

In small children who cannot express themselves as to the location of the pain, the patient is irritable, tossing its head from side to side, reaching its little hand to the ear affected, restless, not partaking of its food; then, suddenly, the discharge appears, the child becomes calm and generally has its first sound sleep for several days.

Sometimes the physician is not called until after the discharge takes place, when the mother says: "The child has been so irritable and restless for several days, when its ear began to run. Do you think it had earache?"

It happens sometimes that the perforation is not large enough at first to allow the free exit of the discharge, the secretion being too thick or not in sufficient quantity.

Should the discharge pass through the Eustachian tube, a sense of fullness in the throat, and expectoration of pus is observed; also pain in moving the inferior maxillary, owing to involvement of the external auditory canal.

Tinnitus, or noises in the ear and impairment of hearing, are generally present. The secretion may be serum pus, or blood and serum, or blood and pus; usually a thick, yellow pus, which is in quantity from a few drops to a sufficiency to continue for days, weeks, months and even years.

When the blood vessels supplying those parts break, it may be noticed as a drop of serum or blood on the drum membrane.

The soft tissue of the external auditory canal may become involved so as to be swollen, and the drum membrane cannot be seen at all, the inflammation extending owing to continuity of tissue.

There are some persons who seem to be predisposed to attacks of suppuration of the middle ear and often have attacks lasting a few days, owing to enlarged tonsils, a persistent naso-pharyngeal catarrh, as in persons of a scrofulous tendency.

Chronic purulent inflammation, or otitis media purulenta chronica, begins invariably as an acute inflammation, and is very often caused by neglect in treatment in the acute form.

Buck (1) says, "The lack of proper treatment during the acute stage is responsible for ninety-nine out of one hundred cases."

In the chronic inflammation of the middle ear, the mucous membrane may secrete a scanty mucus, or purulent matter. Where the tympanic membrane is wholly destroyed the discharge may be continuous from necrosis of the ossicles of the ear, or from necrosis or caries of the walls of the tympanum, or of the mastoid cells of the temporal bone.

Again, granular tissue may cover the perforation of the membrane, or the membrane may be entirely gone, and the external entrance may be filled with granular tissue, the acrid condition of the discharge constantly irritating the parts.

When the secretion is purulent it may burrow along the bones, underneath the soft tissue, and finally find an exit through a bulging, or teat-like orifice.

Hearing is always impaired in chronic suppuration of the middle ear, often entirely gone, sound being only conducted through the temporal bone or through the teats to the internal ear.

Diagnosis is generally easy.

PROGNOSIS.

When seen early, and not complicated by any disease, this is usually favorable, but where complications exist, then these often render the prognosis very unfavorable.

In the chronic form, the prognosis is not so favorable to an early cure, depending upon amount of tissue destroyed, condition of the tissues surrounding the wall of the tympanum, and upon the diseased condition of the temporal bone.

To be continued next number.

1. Buck; Diseases of the Ear. P. 230.

PHILOSOPHY OF MAN,*

BY JAMES E. GARRETSON, A. M., M. D.

(Continued from last number).

I am to commence the present lecture by recalling the foundational premise with which the course was opened, and

*Abstract of lecture delivered before the Garretsonian Society Jan. 30, 1894.

which is the meaning of it, namely, the life and living of a man find expression in a circle, which circle is one with his past, his present and his future. It contains his height, his depth, his narrow, his broad, his failure, his success, his hell, his heaven, his devil, his God.

Recalling here the subjects of the course as they have been studied, the impression, and I will hope conviction, is with us that life is progression, or, better expressed, perhaps, life is progressive if man pleases to make it such.

Progression and a circle being in conflict, a scientific, and in no sense a speculative reconciliation is found in the spiral. Cannot a spiral be made to reach from the ground upward into the sky? Yet is not a spiral, wherever met with or wherever measured, a circle?

Upon the blackboard are shown the two expressions of the philosophical circle. With the first, which is a simple unbroken circle, are marked at the bottom Common Sense; at one side of its horizon Educated Sense; at the other side of the horizon Egoistic Sense; at the zenith Soul Sense.

With the second circle, the spiral Common Sense is marked, as before, at the bottom; succeeding this, being upward, is Educated Sense. Above this, Egoistic Sense; still above, and highest, Soul Sense. (1).

Your lecturer is to accept that the markings on the blackboard make vivid the whole of the course that has preceded. Beginning of knowledge is with common sense observation, which character of observation confines itself to view of surface. Advance in knowledge is with educated sense observation, which observation deals with the inside of things. Both Common and Educated sense deal with a common field in that both relate with and are confined to the opaque. The opaque is what is ordinarily understood as the world of matter.

Egoistic sense, the third in the line of ascent, deals with Forms. These, as understood, are existences of the natural world, not yet come to materialization, consequently not cognizable to either common or educated sense, out of reason of not being opaque. Inventions are one with seeing Forms and materializing them; so God made the world—bringing Forms, or Patterns, out of chaos, for the use of men—so inventors, continuing

(1) Quite half an hour was spent by the lecturer eulogizing Rene Des Cartes.

creation, give continuously new things to men, as they come to sight of unused Forms and seize and materialize them.

A happy term used by Paracelsus for forms is "the immaterial material." Let it be noted that common sense and educated sense and egoistic sense are alike attributes of the animal man. As to the uses of these, men differ in degree just as lower animals differ in degree—one horse runs slowly compared with another horse which runs rapidly. The immaterial of the spiritualist, or egoistic, is one in naturalness with the spaded earth of a railway digger; this in the sense that microscopic micrococci are one in naturalness with barnyard worms which a fisher boy gathers for the baiting of his hooks.

Are perfect sight, hearing, smell, touch and taste, as these lie with common sense, desirable and profitable? Are microscopic and telescopic enlargement of sight, which add to the measure and meaning of living, to be courted and cultivated by a student? Is egoistic sense, which is the means of relation with demoralized or not yet materialized forms, not as much richer than educated sense, than is educated sense richer than common sense?

The few preliminary remarks here introduced are with a view of differentiating highest from lowest and intermediates.

Here we enter on the subject of soul.

The hypostases of Plato, as reference is to man, are matter and soul.

The hypostases of man, in the philosophy here taught, are ego, matter, soul.

By soul, Plato meant ego, in so far as he knew what he meant.

Ego we have studied and refined to its proper understanding; meaning by this one with its indisputable significance; namely, Ego is selfhood, is individuality, is I.

Body—Our studies in anatomy and physiology have shown as indisputably that this is simple environment, and not any more the I than is a coat that is worn.

Have not cats, horses, sheep and swine bodies? have these not as well individualities? has not every cat and horse and sheep and swine its I, which I is not the I of any other animal?

Does it appeal to the class as being necessary to show that man differs from the common animals in order to have it accepted that he does differ? Certainly, it is to be answered that it does so appeal.

It is not to be said that man differs from brute by reason of intelligence, for this is absolutely one with difference seen among men; nor is it to be said that man differs from brute by reason of body, for the turning of one into the other is the whole and sole mystery of eating.

Turn for explanation is to be made in another direction. The not unfamiliar saying, "That to which intelligence is confined is that with which alone intelligence is concerned," leads to this other premise.

Here I am to be allowed to refer to a previous putting-down of the subject.

To what is the intelligence of Individuality confined? First, it knows itself. Second, it recognizes itself as not being self-creating. A thing not self-creating has its office and meaning necessarily in that which is its creator. In this exists conclusion that Individuality is an agent; this out of the reason that every made thing is made for an object. Individualities are, then, agents. Agents for what? Agents to what?

Certainly it is seen, and admitted, that an agent has meaning in the intention which creates it. The fulfilment of intention by an agent is its ultimatum. A common swine grunting and swilling in a pen is what it knows itself to be; it is nothing else than what it knows itself to be. A swine eats that it may digest; it digests that it may eat. If the swine eats, sleeps, digests and makes lard, and if the swine be without consciousness of anything outside of such a circle, then it follows that lard is the all of a swine; it is the completion of its circle of intention or design. Certainly it would be in no way possible for a swine to pass to offices of the existence of which the animal could after no manner be made conscious.

After a like manner of showing, the circle of a man's intention is comprised by that which he knows of himself. Every individuality knows of its intention and meaning through senses which are its instruments of communication with things not itself; it knows thus and after no other manner. A swine has the sense of organic life; this is not disputable. What other senses has it? No other, it is to be assumed, seeing that it raises its head never above the cover of its trough. However this last may be it is undoubtedly true that unless a man be possessed of other sense or senses than are possessed by the

swine his intention and circle are the same as those of the swine, save as this may differ as difference is with ordinary animals.

It is as well to be shown that the something, or sense, as it may be defined, is a something given additionally to man over what is his in common with the lower animals.

Six senses have exposed themselves to our studies, these being senses relating strictly with matter and form, both of which are material, or, repeating Paracelsus' word, "Material immaterial."

A seventh sense is to be found, failing in which finding, meaning and destiny are one as to men and brutes.

Up to the present hour has anything been discovered that exposes to us, or that relates us, with the God? We assuredly appreciate that it is not to relate or deal with God necessarily by reason of having seen apparitions or having heard voices. We have only made here a discovery that there is a world within a world, and that both of these are our own worlds, the immaterial one of which we have never seen, just as, being without microscope, we had not even surmised a world discovered by such an instrument.

Soul.—The salutation of a Brahman to a Brahman is: "To the Divinity that is within you I do homage." By soul is meant the breaking up of the God into severalty, and his taking up, after such manner, his residence with men. Is this mystery? Consider common water. Is not a drop of water that has fallen from a cloud into the throat of a lily one with the water which is the universal ocean?

Let the expression, "The kingdom of Heaven is within you," be considered. Is the kingdom of Heaven anywhere apart from the presence of God? Is it then possible that the kingdom of Heaven be within a man save as the God is within him? Possession of Soul is a matter of election with man in no dissimilar sense than education is a matter of election with him. Men are born having to their possession neither education nor soul. Either and both are to be courted and cultivated; nor is such courting and cultivating anything different, from a practical standpoint, than is the courting and cultivating of muscle or of bone or of fat. I make no irreverent illustration in offering the famous pugilist

of the day as example of muscle courted and cultivated. The Christian's illustration of Soul courted and cultivated is Jesus, the Christ. Gautama is illustration of Soul by Buddhism. With the Chinese it is Confucius. What is meant is, that the Soulistic examples named, courted and cultivated with all their might what, in the other direction, this pugilist courts and cultivates with all his might; and that attainment, as to both sides, lies, and laid, with no dissimilar means.

An illustration affording other expression to the subject is with a passage in the Lord's Prayer, which passage, being translated or quoted, in the light of the hypostases, is found divested of its mystery, and, on the other hand, filled with a something which supports when taken hold of and used. The passage, as commonly given, is "Lead us not into temptation." Put in the light of the hypostases, it would read, "Leave us not in temptation." What is here solicited to stay is the God.

Another illustration lies with watches. The thing called "Time of day" is not a necessity to the tick-tick of a watch. Time of day, is, however, the office of a watch, and in similar significance is soul the office of a man, but both watch and man may tic-tac through a multitude of years and in no single minute of these years have present the meaning of the office.

To live after the manner of brute life is to live in the region of common sense. To reach to view of distant mountain tops is to climb after the manner of educated sense. To live upon the mountain tops and see thence a world beyond, is to live possessed of egoistic sense. To be a walking temple, carrying about the Holy Ghost, is to live and act after the manner of the demigods and saints.

A summing up may be made in the words of Amiel. "Men do not know themselves, and, therefore, they do not understand the things that are in their inner world. Each man has the essence of God, and all the wisdom of this world (germinally) in himself; he possesses one kind of knowledge as much as another, and he who does not find that which is in him cannot truly say that he does not possess it, but only that he was not capable of successfully seeking it."

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WRITE CLEARLY.

The correspondence of a weekly medical journal is large and varied. The contributions sent in as original material are, in most cases, of some clinical value, greater or lesser in degree.

It is doubtful if would-be authors ever consider the qualifications which make an article desirable to accept, and it is often the case that those starting in the field of medical writing become discouraged at the outset, because the journal they admire, and wish to assist in a literary way, refuses their manuscripts.

It is sometimes the case that an author sends the manuscript of a very interesting case, but so illegibly written that it would take the editor two or more hours of solid work to render it fit for the printers.

Again, articles are often refused because the grammar, punctuation, syntax and spelling are beyond the repair of the editorial pen except by laborious work at rewriting.

There are a few points it is well for those desiring to report interesting cases to remember, and this especially applies to those not used to literary work.

First. That the printer knows nothing but the copy before him, and will not correct spelling, grammar or punctuation.

Second. That an editor's time is too valuable to be wasted correcting articles in which the errors are so numerous that he has to practically rewrite the manuscript; hence, such are generally refused.

Third. The advance of the times is such that most manuscripts can easily be typewritten, without much expense to the authors; therefore, there is hardly any excuse for poor penmanship at the present day, and the abundance of type-written articles sent in, places those which are illegible in a decidedly unfavorable light, however good or desirable the substance may be.

Fourth. Short articles are much to be preferred. It is well to learn to write concisely, clearly and to the point.

Needless repetitions are out of place, and, as a rule, in this category may be placed long quotations from the ordinary text books, which nearly every physician is familiar with.

What the profession enjoys reading is, primarily, new methods of treatment, if of any value; secondly, new therapeutic preparations with explicit directions and formulae; third, new observations in pathology, new theories of etiology and advanced progress in all branches of medicine and surgery.

There is an excellent little work on this subject by Rev. E. A. Abbott, of London, which would greatly assist any one just entering upon literary work.

Another volume of inestimable help is entitled "40,000 words—Campbell's Hand-book of Synonyms and Prepositions. The right word in the right place."

Both of these are of great help when one will take a little time to clearly and properly write his manuscript for publication.

AMERICANITIS.

In an article on "the effect of climate and environment on the New England girl," Dr. Achorn, of Brookline, Massachusetts, draws an excellent but striking contrast between the boys and girls of that section.

At 10 years of age the girl is the physical equal of the boy indulging in similar sports.

At 20 she is far behind him and suffers from a new disease, which the Germans style "Americanitis"—American nervousness.

The reasons for the difference lie in the fact that the boy throughout his school life will play, will stay out of doors, will indulge in recreation of all sorts and will not study—that is, will not exert himself to study to the point of going to bed tired from study rather than play.

On the other hand, the girl, in addition to her mental duties, which, in New England she taxes to her utmost, is hampered by household occupations, plays the piano one, two or three hours a day, and at the age of 15 wears dresses the weight of which are beyond the strength of her hips to carry. Then, too, her social education is necessary, and she is allowed to attend exciting evening entertainments until a late hour. At 20, therefore, she is incapacitated for the duties of advancing life when she should be in the prime of her physical culture.

The term "Americanitis" seems to be not the one expressive of a nervous condition, but rather of an inflammatory. However, the substance of the article is true and shows the tendency of the American people to "rush" things.

DRAINS AND DRAINAGE.

To Chassaignac the profession is indebted for first systematically expounding the principles on which drainage should be employed. But, unfortunately he, like many since his time, made it a hobby and carried it too far.

It is a surgical expedient, which has had many ups and downs and gone through many vicissitudes during the past 20 years.

At first, immediately after the advent of antiseptics, the drainage tube was poked into every sort of wound, healthy or foul.

Then the question was asked, Why drain an aseptic wound? If we have introduced no foreign material, what should there be to drain?

Now, it is pretty generally cast aside as one of those fads which has had its day. Nevertheless, it has its place in surgery, though it must be employed with discrimination and prudence.

In all deep-seated suppurating wounds it serves a dual purpose; first, in keeping an opening patent, and, next, in conducting away deeply lodged, effete material.

In most cases, however, after we have

penetrated to the bottom of a diseased part and cleaned out all its dead matter there should remain little fluid debris; and for the purpose of carrying away whatever else linger, the gauze, capillary ribbon, will serve all purposes.

Correspondence.

DIPHTHERIA.

Sir: If you will allow me a small space in your valuable journal I would like to report the treatment that I have adopted for the last three years in diphtheria. The subject is full of interest, because I have not had one death in 210 cases.

During the fall of 1890 I was called into council by a brother physician to see a case of malignant diphtheria, as the family wanted council, and thought its child would die. I must say I thought so myself. When the doctor told me there was not the least danger I was loath to believe him. But he assured me, under his mode of treatment the child would be well in eight or ten days.

He told me he had been using a preparation called diphtherine, manufactured in Chicago, Ill., in 52 cases without any death, in the last year, and urged me to try the same preparation if I had any cases. I saw the doctor about 10 days after and asked him when the child had died that I saw with him; to my astonishment he said he had ordered the sign down that day; that the child was well.

The first case that presented itself to me after that was December 7, 1890. I was called to see a child, Thomas R., aged 7 years, at 6 P. M. Temperature, 104; pulse, 140. Throat and tonsils with large dark patches. Treatment through the night by pouching the part every three hours.

December 8, 9 A. M., temperature, 100; pulse, 110; at 7 P. M., December 8, 99½; pulse, 100; December 9, 9 A. M., temperature, 99; pulse, 90; 7 P. M., temperature, 99; pulse, 85; December 10, temperature, 98½; pulse, 82. The diphtheritic patch disappeared, and rapid recovery took place; this being my first case with the treatment advised by my friend I continued with it up to this date without any death in 210 cases, so I may go on reporting case after case.

But what I wish to call the attention of the profession to are the following three cases, as a comparison with other modes of treatment. September 18, 1893, I was called to see a child, Harris B., age 7 years; child vomited during day; complained of throat, headache, anorexia, etc. At 7.30 P. M., temp. 103, pulse 120; pus running from out nose free; flushed, throat badly ulcerated, extending upon the fauces, etc.

Treatment, during night September 19, 9 A. M., temp. 101, pulse 110. Application every 3 hours.

On September 19, his sister was taken ill; Ettie P., age 5 years. On examination at 10 A. M., temp. 104, pulse 140. Patch large and extended; breath very offensive. Treatment, during the day at 9 P. M., temp. 102, pulse 120, vomiting and headache. September 20, the baby, age 14 months, had contracted the disease at 9 A. M. After examination found diphtheritic patches, large glands very much swollen, and in a state of collapse; temp. 105, pulse 150. Application every 2 hours. At 8 P. M., temp. 101, pulse 120. On September 28, I pronounced the three children out of danger, and rapid recovery took place.

On September 18, 1893, the fourth child, Willie P., aged 3 years, was taken by this grandmother to St. Paul, Minn., on a visit, not knowing the child had been exposed to the disease. The child took sick on the train. After arriving at St. Paul they called in their family physician. After examination, diagnosed diphtheria. On September 21, 1893, the child died from the disease, and was buried there.

In the four cases in this one family you can see the results of the treatment of diphtherine and without it.

I will give the treatment as carried out by me for the last three years, and hope whoever tries it will meet with the same good results that I have.

As soon as the diagnosis is made have the patient placed in a separate room.

Then apply with camel's hair brush or atomizer.

R Diphtherineounces 2
Sig.—Apply every two or three hours with camel's hair brush direct to the parts.

Internally I give:

R Hyd. chlor. cor.grains 2
Aqua cinnamonounces 4

And the following:
R Quinia sulph.drams 1½
Pot. chlor.drams 1½
Tr. ferr. chlor.drams 2
Syrup verb. sant. qs. ad.ounces 3
Sig.—Teaspoonful every four hours.

Regulate the dose according to the age of the patient. This constitutes the treatment with good foods, bovinin, etc. I always give whisky from the beginning of the disease. In applying the diphtherine, the membrane is dissolved very rapidly; it does not spread in three or four days; the throat is clean and healthy, the bad odor is destroyed almost by the first application. You need not apply it so often when you see the membrane disappearing.

I think this the best remedy yet discovered by any one for the cure of this dread disease. I cannot praise it too highly, and urge my medical brothers to give it treat.

As I have said, I have never lost a case of diphtheria, and I have the confidence in it to ask the profession to give it a trial. Those who do I am sure will never regret it.

Very respectfully,

P. BYRON ANTON, M. D.,

No. 429 Garfield Boul., Chicago, Ill.

(The doctor does not give the composition of the so-called "diphtherine," hence we can hardly recommend it. The record of 210 consecutive recoveries from diphtheria by the action of any one method of treatment is exceptional, providing the diagnosis is correct. We would not question the doctor's statements, but would ask if he was absolutely sure he had not sometimes mistaken follicular tonsillitis for true diphtheria.—Ed. T. and R.)

A TICKLISH QUESTION.

The testicle is a secreting gland composed of numerous seminiferous tubules, and, in some respects, is analogous to the breast of the female, which is composed of numberless milk tubules; and, just as nursing relieves the mother of excessive secretion, so sexual congress satisfies the man.

The testicles are small before puberty, enlarge afterwards, and shrink again in senility. The breasts are diminutive before womanhood, larger afterwards, increasing throughout pregnancy and lactation, and shrinking again in old age.

When the mamma is distended with milk, the woman seeks relief from her child; when the testicles are overladen the man goes gunning for help. If a

very young man, he will probably degrade himself; if riper in years, he will follow more manly instincts, unless he be strictly moral, in which case he may develop a rich crop of acne, blotches, and all sorts of unsightly evidences of too gross blood; or he will be tormented by irritable testicle, and involuntary losses of that which was intended for better purposes. According to Celsus, "There is a disease of the genital organs, a chronic loss of the seminal secretion, which is rendered without natural intercourse, to such excess that, in time, a man may be carried off by consumption."

What is he to do? Or what is he not to do?

We may not counsel him to prostitution. We cannot advise him to abuse himself. He may be too young or too poor to marry. It would be unwise to give him no advice, for he is miserable and will seek it elsewhere, and perhaps fall into the hands of some character who will effectually relieve him, financially.

Should he resort to a "woman of the town," he will likely get himself into trouble; if he receives the favors of a good girl, he will get her into trouble; if he remain chaste, he will be tormented by ungratified desires, and their consequences. "Wherever the use of an organ is too much neglected, its functions may become impaired and sometimes lost. When the movements of a joint are arrested for a long period, as by the confinement of splints, it gradually loses its functions and becomes permanently stiff. When muscles are kept idle, they waste and lose their power of contraction. Long confinement in a dark place will cause blindness." And the generative organs are not exempt from the universal law that "neglect to fulfill a function may be followed by inability to perform that function in the manner intended by nature."

We are told to recommend physical exercises, ennobling pursuits, scientific studies, so as to wean the thoughts from prurient desire; but where is the man who can do this always? We are animals, and animals, and our passions will at times incite us to act as such, despite the short interludes of higher aim that bear us away from the grosser instincts of nature. What shall we tell a young man to do? Won't our editor say something anent this ticklish

question, if only "pour encourager les autres?"

L. LEWIS, M. D.

(While there may be similarity between the testicle of the male and the breast of the female, inasmuch as both are secreting glands, we must not lose sight of the fact that the one, after puberty, is secreting permanently, while the other merely temporarily; hence, the analogy cannot be strictly made; for on the death of a nursing child, it is quite within the domain of physiological therapeutics to stop the secretion of milk.

Not so can we suppress, physiologically, the secretion of the testicle in the male?

Can we always say that the eruption of acne indicates fullness of blood? I think not as a rule. Indeed, observation has taught me that acne on adolescent males is suggestive of "self-abuse."

Full maturity of manhood is not reached, even in the generative organs, until the eighteenth or twentieth year, as attested by the delicacy in constitution of children of immature parents; hence, we may safely say that after that period is the physiological age for marriage, which should be encouraged from a purely physiological standpoint, with which expense has nothing to do.

Previous to this period chastity is, by all means, to be insisted upon for the welfare of the youth.

It is not necessary to encourage the growth of an organ before its legitimate use is desirable. It is safe to say that any damage to the sexual organs in the male in this respect is due to self-abuse derived from bad influences primarily.

ED. T. AND R.)

BOOKS AND PAMPHLETS RECEIVED.

THE TREATMENT OF THE VARIOUS FORMS OF CONJUNCTIVITIS AS PRACTICED AT THE GERMAN HOSPITAL. By Louis J. Lautenbach, A. M., M. D., Ph. D., Philadelphia. Reprinted from the Transactions of the Philadelphia County Medical Society for 1893.

PROCEEDINGS, Addresses and Discussions at the Sanitary Convention held at Hillsdale, Mich., July 6 and 7, 1893.

THE SUCCESSFUL MANAGEMENT OF INEBRIETY WITHOUT SECRECY IN THERAPEUTICS. By C. H. Hughes, M. D., St. Louis. Reprinted from The Alienist and Neurologist, St. Louis, Jan., 1894.

SUBINVOLUTION OF UTERUS, AND ITS TREATMENT BY ELECTRICITY. By Dr. Charles G. Cannady, Roanoke, Va. Reprinted from the New York Journal of Gynaecology and Obstetrics for December, 1893.

Book Notes.

SIR FRANCIS BACON'S CIPHER STORY.

Discovered and Deciphered by Orville W. Owen, M. D. Howard Publishing Co.

During the last half century a doubt has been growing as to the authorship of Shakespeare's plays. When this doubt had found expression in books, pamphlets and review articles to the number of 363, the writer of this notice attempted to ferret out the first heretic, and to give the names of his followers down to the days of Donnelly, the only historic resume of the controversy that had then been made. It may be found in the "Andover Review" of 1888, p. 475. Donnelly's promise to reveal the great cryptogram ended disastrously, and the great dramatist rested in peace for five years.

Now comes a new and bolder disturber with the following theory: Sir Francis Bacon, knowing himself to be a lawful son of Queen Elizabeth and Leicester (the two having been secretly married), but not daring to set up his claim to the throne, determines to make his right known to posterity. Accordingly, he composes the writings which bear the names of Shakespeare, Marlowe, Green, Peele, Spenser and the melancholy of Burton. Scattered through these is the story of his birth and fortunes, so cunningly distributed that no contemporary wit should find the clue. But in the far future he trusts some genius shall arise who will cut these works in pieces, paste them upon a wheel of proper circumference, and by reading in the right direction see the story revealed.

After the lapse of two and three-quarter centuries the discoverer has appeared in Detroit, the proverbial home of the man who knew a good thing when he saw it.

To be charitable, we must suppose that Dr. Owen is the fruit of this age of Shakesperean controversy, and the latest exponent of literary doubt. It must also be conceded that by his method of arranging the writings called Shakespeare's and others, he has produced an interesting and lurid account of Elizabeth's doings, which will confirm some of us in our opinion of the woman whom King James extravagantly flattered by adopting the name Virginia for the Old

Dominion in her honor. But the question still remains; Did Francis Bacon take all this pains to conceal his story in his lifetime and to publish it in ours? His well-known opinion of the English tongue as being inferior to the Latin for the preservation of valuable truth would seem to be inconsistent with his painful composition of so much English to hide a, to him, valueless fact, or to gratify a posthumous ambition. One wonders what might be done toward bolstering up a theory if the Bible and a few works contemporary with the translation of 1611 could be ingeniously cut up and distributed on a wheel of proper circumference and read according to the cues of "Fortune, Nature, Honor, and Reputation". Perhaps the same facts could be proven as by the other writings.

L. S.

LANDIS' "HOW TO USE THE FORCEPS." SECOND EDITION, REVISED AND ENLARGED.

By Charles H. Bushong, D. D. Published by E. B. Treat, 5 Cooper Union, New York. Price, \$1.75.

An excellent work on the use of the forceps, which every physician would find valuable to possess. It is well bound, printed and, in every respect, a fine volume, containing 120 pages.

The reviser has accomplished a good work in attesting therein the value of the views of the late Professor Landis.

The main object of the work is the proper application of the forceps during labor, with a view to not compress the fetal head in the wrong diameter, to which application the author attributes many of the still births occurring when forceps are used.

THE STRIKE AT SHANES; A SEQUEL TO "BLACK BEAUTY."

This is another of those interesting moral stories published by the American Humane Education Society, 19 Milk street, Boston. Although lacking the literary merit and originality of the former book, it will be found both instructive and entertaining.

Bureau of Information.

Under the Charge of W. F. WAUGH, A. M., M. D., Chicago, 834 Opera House Block.

ANKLE PAIN.

I have a case (my wife) of what I call rheumatism in the small bones of the ankle joint. Some weeks she is perfectly free from pain and stiffness, the next few days she suffers a good deal with it. There is hardly any tenderness on pressure, no swelling noticeable, and her general health is good. Her age is 36 years. I have used a good many so-called rheumatic medicines, but none have done more than a little temporary good. Can you suggest a treatment that would be of benefit to her?

I would add that when she gets out of bed every morning she has to limp around and get on her shoes, after which she feels less pain, as a rule; it seems to get limbered up, and probably half of the time she will not feel it much through the day.

O. E. P.

(This is probably a case of flat foot, or some similar mechanical abnormality. Rheumatism does not adhere to a single joint and never shift about.

W. F. W.)

REPETITION OF DOSES.

I am acquainted with your writings and works of dosometry, and would like to ask you a few brief questions concerning the new manual.

1. When a grain or so is the dose, do you give it in granules frequently?
2. Where can you secure all the principles mentioned in your work?
3. For the benefit of us country people, why didn't you say how often to repeat all the drugs mentioned?

W. T. Crawford, M. D., Georgeville, Pa.

(1. In most cases I give gr. 1-6 every 10 to 30 minutes till the desired effect is produced; but if a rapid and powerful or sudden effect is wanted, I give the full dose at once. Great pain or danger requires the latter course.

2. The German preparations can be best obtained from Schering & Glatz; the French from E. Fougera, and the concentrations from Parke, Davis & Co. Many drugs named in the book are not yet listed by the granule companies, but will be if a demand arises. I included all that I thought worthy of a trial, besides those in common use.

3. Many have not been tested, while the use of others varies with the disease for which they are given too much to reduce to a rule.

W. F. W.)

ORTHODOXY IN THE GOVERNMENT.

In the daily journals I note that Mr. Langley, of the Smithsonian Institute, has expurgated from the annual report of that institution parts of two papers that favored the theory of evolution. The cause assigned for this action was that the orthodox views of this country were opposed to the evolution theory.

If true, this is one of the most astounding performances of this eventful year.

Who made Langley the censor or gave him the right to speak for the country concerning its orthodoxy?

I have no recollection of any law by which any form of religious doctrine has been officially recognized by the United States. If there be none, Mr. Langley has assumed for himself the right he has exercised, setting up his individual belief as the law of the land.

If he be a Roman Catholic, he will insist that the dogmas of immaculate conception and Papal infallibility be recognized as "orthodox."

If a High Churchman, the Governmental reports must acknowledge the saving grace of baptism; if a Lutheran, transubstantiation and the Augsburg Confession must not be controverted; while if a United Presbyterian, the exclusive use of David's Psalms (Rouse's version preferred) must be strictly adhered to when a subordinate finds vent in a burst of song.

With the profoundest respect for these and all other forms of religious belief, I must protest against any attempt to saddle any one of them on the American people as its official belief. And I must strongly dissent with Professor Langley when he intimates that the religious sentiment of this nation is opposed to evolution. The disbelief in this theory is, with few and no notable objections, confined to those who have not or cannot intelligently examine the question. Countless ministers, whose orthodoxy could not be questioned, in their own denominations preach evolution weekly from their pulpits; and, far from finding their faith weakened thereby, see in it only new reasons for marveling at the superhuman wisdom of the Creator, whose footsteps are thereby uncovered, whose gigantic designs are for the first time rendered in any measure comprehensible.

We trust that the gentlemen whose reports have been mutilated in the manner stated will have the nerve to stand up for their rights; and that this senseless piece of mediæval tyranny will be disavowed at once by the Government and people, which its enforcement would expose to the contempt of the civilized world.

W. F. W.

Surgery.

Under the charge of T. H. MANLEY, M. D., New York.

RESULTS OF SCLEROGENESIS BL LANNELONGUE'S METHOD.

It was on the 6th of July, 1891, that M. Lannelongue communicated to the Institute of Paris his original researches and with M. Achard established the position of the chloride of zinc when hypodermically applied as a destructive agent on bacillary growths of a tuberculous character in the soft parts. Shortly after, he reported at the French Academy 23 cases of tuberculosis which he had successfully treated by the "sclerogenic method."

In a few words he set forth the principles on which it was employed with the technique of its administration.

He showed that it acted by first destroying foyers of suppurating tubercles and then, through inflammation which it excited, caused the aseptic resorption of the necrotic residue.

This subject was again revived at the French Congress of Surgeons, at Marseilles by Reclus and Prenguber, who highly recommended the sclerogenic method in a large range of cases.

In 1892 favorable reports came in from Bardesen, of Bucharest; Dubois, Iscovesco, Coudry, Regnier and Quesne; MM. Poux, St. Germain, Timmermans, Desguens, of Antwerp; Surchoff, of Moscow, and David, of Bordeaux. In all, 136 observations had been made. But, in the course of time, sclerogenesis was utilized for other conditions than tuberculosis, as congenital luxations, pseudarthrosis, erectile tumors, etc.

This method, however, is most serviceable in tuberculosis of a joint; of the lymphatics, or of the testicle. It has been utilized with signal advantage in oster-arthritis at the shoulder joint, the thumb, metacarpophalangeal articulation, in Pott's disease, at the sacrococcygeal joint, the knee and others.

The solution is made by the proportions of 1 to 20 or 1-40 of the zinc-chloride; directly inject, in non-suppurating cases, or those, in which the purulent matter is present in small quantities. In large accumulations of pus, this should be first evacuated.

In 52 cases of osteo-arthritis, there were 32 cures by the injection alone, or about 68 per cent.

It certainly is a great gain, when we are able to arrest and permanently remedy many of these tubercular joint cases by a means, which often obviates the necessity of arthrotomies, resections, grattage and other expedients, which entail the loss of blood and are never wholly free from danger.

In eractile tumors, as those composed of cancerous tissue and other neoplasms of a low type of organization, when they lie near, or on the surface, by this process of chemical sclerogenesis, they may be safely, promptly and easily dissipated.

—Coudray in (Annales D'Orthopaedie, Dec., 1893.)

Note.—There can be little doubt as to the value of chemical sclerogenesis, in properly selected cases of tuberculous inflammation; but it has a wide application in many other conditions, in which the aim in view, is the excitation of an active aseptic inflammation, in local pathological cases, as naevi, etc.

T. H. M.

SUBACUTE MASTITIS AND CANCER OF THE BREAST.

In L'Union Medicale, March 21, 1893, Reclus gives a valuable clinical lecture on the differential diagnosis of subacute mastitis and carcinoma. Subacute mastitis has for its causes, usually, traumatism and lactation. The tumefaction of the breast, the indolence of its course, the thickening and induration of the skin, the retraction of the nipple, the absence of fluctuation—these signs all belong particularly to cancer, but they may likewise accompany a subacute mastitis. While lactation predisposes to mastitis, it does not preclude cancer. While pain is in favor of mastitis, still it is far from being decisive. The same is the case with glandular involvement; in mastitis it is apt to be more violent and rapid. The various symptoms taken individually are not at all reliable, and it is only by considering all the symptoms of the case that its nature can be correctly diagnosed. Oftentimes a few days, or at most a few weeks, will resolve all doubts. Care should be taken not to amputate a breast affected only with mastitis, nor, as occurred in one of our cases, open a fluctuating cancerous nodule for a simple abscess. One should, above all, not forget that true pathognomonic signs do not exist, but that it is necessary to examine all the symptoms and especially the mode of onset and development, and whether or not it is connected with lactation.

—Univ. Med. Jour.

Therapeutics.

Under the charge of LOUIS LEWIS, M. R. C. S., Philadelphia.

SPARTEINE.

A CARDIAC REMEDY—PROMPT, CONTROLLING, TONIC, WITHOUT ACTION ON THE BLOOD PRESSURE.

Houde, in *Rev. Therap. des Alcaloides*, has an article on this drug which is of importance. He commences by relating an experiment, as follows:

"In a frog put under the influence of sparteine, then killed and completely dissected, the heart continued to beat, on the third day with such rhythm and energy that a tracing of the contractions differed but little from the normal tracing."

Laborde claims that sparteine has a dynamogenic action on the heart, essentially of central origin, with this restriction always, that the persistence of the heart beats in the frog indicates intervention of intra-cardiac ganglionic system.

The fourth quality of the drug mentioned in the title is important, viz., the want of action on, or indifference to, the blood pressure, the drug confining its action exclusively to the heart muscle.

G. See, comparing sparteine with strophanthus, expressly notices this property, "which along with a lesser laxity has the advantage of no action on the blood pressure."

The drug has also a moderating or governing action resulting from its tonic properties.

Its action is quickly manifested, and reaches its maximum in one half hour, and then the effect is sustained for some time, as the experiment cited above shows. It is a heart tonic, rapidly diminishes the dimensions of a dilated heart, regulates arrhythmic pulsation and brings them back to normal; has no action on the blood pressure, no cumulative effects, no absolute contra-indications; moderation only necessary in disorders of innervation of the heart.

The indications are—when digitalis is not tolerated; when it is necessary to act quickly; when the heart has failed, either from alteration of its walls or from inability to overcome the resistance of the circulation; when the pulse is feeble, irregular, intermittent, arrhythmic.

In dilation from any cause; in valvular disease with or without compensation; in cardiac asthma, dyspnea, pericarditis, asystole, nervous arrhythmia, angina pectoris and other neuralgias of reflex nature.

In functional trouble as palpitation, etc., in the asthma of bronchitis and emphysema, in exophthalmic goitre, as a remedy for the morphine and alcohol habits. The dose ordinarily is 10 centigrammes, but where there is disorder of innervation the dose should be less and only increased after the susceptibility of the patient has been determined.

AN ANTISEPTIC, ANALGESIC AND CALMATIVE ADMIXTURE.

H. B. Pettingill, M. D., Mystic Flats, Thirty-ninth and Broadway, New York city, in an article on "Intestinal Antisepsis" in "New Phar. Prod.," gives some excellent experience from which the following is selected:

Every physician knows full well the advantages to be derived from the use of antiskamnia in very many diseases, but a number of them are still lacking a knowledge of the fact, that antiskamnia in combination with various remedies has a peculiarly happy effect; particularly is this the case when combined with salol. Salol is a most valuable remedy in many affections; and its usefulness seems to be enhanced by combining it with antiskamnia. The rheumatoid conditions so often seen in various manifestations in this country, are wonderfully relieved by the use of this combination.

The five-grain tablet containing $2\frac{1}{2}$ grains each of antiskamnia and salol, is recommended highly in the treatment of cases of both acute and chronic cystitis. The pain and burning is relieved to a marked degree. Salol makes the urine acid and clears it up. This remedy is a reliable one in the treatment of summer diarrhoea, enterocolitis, dysentery, etc. In dysentery, where there are bloody, slimy discharges, with tormina and tenesmus, a good dose of sulphate of magnesia followed by salol and antiskamnia, will give results that are gratifying.

In closing his paper, Dr. Pettingill adds: It is also one of the best remedies for the relief of the headache and pains of influenza.

Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., New York.

THE FUTURE OF ELECTRO-THERAPEUTICS DEMANDS IMPROVED APPARATUS.

The development of the use of electricity in medicine has undergone a variety of vicissitudes in the generation or two since its extensive introduction.

It is now in a fair way to reach a firmly established place in medicine. Among the obstacles to the healthy growth of electro-therapeutics has been the failure of mechanical skill to perfect apparatus which would produce in practice the results desired in theory.

Every year now sees improvement in this direction, and still greater improvement is urgently needed.

Another great barrier in the pathway of electrical progress has been the somewhat partisan disposition to regard it as an agent embodying a separate system of practice rather than as one of the great group of medicinal agents which together make up the rational practice of medicine. It has tended to the disadvantage of both drugs and electricity to regard one as the rival of the other.

This feeling is lessening every year. More men of skill and experience are using electricity than ever before. They are employing a higher grade of apparatus and working toward the same accuracy in fitting the application of electricity to indications that they seek in the administration of drugs.

The history of the past is strewn with the wrecks of medical fads that have blossomed like mushrooms for a time. Some of them have brought disgrace upon the fair fame of the profession; others have been examples of a marvelous credulity; but all that any method of real merit requires to vindicate its claim to confidence is the test of actual use and the investigation of scientific men.

Had not electricity possessed the intrinsic value long ago claimed for it by advanced thinkers it would have certainly perished under the various forms of opposition it has met. When mechanical genius gave it a practical working form, however, its ultimate success was assured.

When Duchenne and Remak began laying the foundation of modern electro-therapeutics their co-workers in the field were few in number. Thousands of physicians can now treat cases with equal or greater skill, and the tendency is shown among specialists to allow electricity to stand upon its approved merits rather than over-praise it on the one hand or condemn it on the other.

Throughout our country are scattered a great number of ingenious workers in the field of electro-therapeutics, who are quietly pursuing original investigations along chosen lines, and testing every new discovery with impartial ability and skill.

Much of the benefit of this original work—invaluable in its entirety—will be lost for want of record. During the ensuing year this department of the "Times and Register" will permanently preserve for future reference and study at least fifty-two pages relating to medical electricity.

We desire to make it a department of practical value to all who are interested in this special subject, and if it may also be the means of enlisting new interest in any who have hitherto omitted this agent from their armamentarium, we shall feel that we have cause for additional gratification.

With the view to give our readers the benefit of every advance step in this branch of medicine, we invite the special co-operation of those earnest, painstaking investigators, who are habitually too busy or too modest and retiring to write long and ambitious articles, but whose brief, pointed, practical records would be as full of value and interest as an egg is of meat.

In this department we shall be glad to find room for our friends in this important field to report their experiences, discoveries, inventions and original ideas.

ELECTRICITY IN LOW AND HIGH ALTITUDES.

Professor Elihu Thomson says: "Beginning with the consideration that as we rise from the earth's surface to different altitudes there appears to be a gradual increase of potential with respect to the ground, so that at 1000 feet there may be 10,000 volts difference between the air at the top and at the surface, and this difference might increase as we reach higher altitudes."

In malarial regions it is found that the atmosphere is electrified negatively, and it is claimed that insulation with the positive static charge constitutes efficient treatment, as persons residing in low, amount of positive electricity.

Ophthalmology.

Under the Charge of J. D. TENNEY, M. D., Boston.

OPTIC NEURITIS.

The most common cause of this affection, formerly called choked disc, is tumor of the brain; although it may arise from meningitis of tubercular origin, at the base of the brain, from cerebral softening, thrombosis in the cavernous sinus and aneurism.

A tumor in any part of the brain may cause neuritis, but in the majority of cases it is in the cerebellum. Neuritis is sometimes wanting when tumors exist, as was shown by the autopsies of Edmunds and Lawford. In 107 autopsies, they found choked disc in 77, or 66 per cent. Annuske and Reich also found the cerebellum to be the usual seat of the trouble in their autopsies. Sometimes the tumor was no larger than a cherry.

An interesting case recently came under the observation of the writer. A young man of 18 years found that vision was failing in his left eye in March, 1893. He was also troubled with vomiting, and had a frontal headache. He was treated through the summer and fall for stomach trouble. He first learned in December why his vision was failing, when he came to the writer. The ophthalmoscope showed a neuro-retinitis of a violent type. The optic discs were mounds. The arteries were invisible, and the veins were tortuous and congested.

The left eye had lost light perception. The right could see 20-xxx. There was no specific history. Iodide of potassium was prescribed in 10 grain doses and increased. After two weeks, as there was no improvement, the mixed treatment was instituted. In two weeks more his vision in the right eye was 20-lxx.

The diagnosis was tumor of the brain, probably in the cerebellum. Prognosis, bad. There is vomiting every day. In other respects, the patient is comfortable. The headache disappeared with the first use of the iodide of potassium.

Nothing can be done for this young man, probably, yet the case points a moral. All practitioners should learn how to use the ophthalmoscope. In modern medical colleges, students have

an opportunity to learn the use of the instrument; but they are usually interested only in those studies that they must pass in order to graduate and the eye is neglected. This is wrong. A man going blind deserves to have a proper diagnosis made in his case in less than nine months after the disease commences.

J. A. T.

MYDRIATICS AND MIOTICS.

Mydriatics dilate the pupil, and miotics contract it. Atropine, the chief of the mydriatics, will cause the pupil to dilate if it is applied to an eye immediately after it is removed from the orbit. It has no effect upon the non-striated muscular fibre in the iris of birds; hence it is believed that its action is exerted upon the muscular fibre of the iris and ciliary muscle, and not upon the nerves.

Eserine contracts the pupil, and causes myopia in young people, if used in a solution of moderate strength. It will cause the pupil to contract if used after the eye is removed from the orbit; hence it is supposed to act as a tonic to muscular fibre, being the exact antagonist of atropine, although it is much feebler than that drug.

Cocaine dilates the pupil to a moderate degree, but produces little effect upon the ciliary muscle. It blurs the vision somewhat, chiefly because it dilates the pupil, letting in a glare of light. The pupil still reacts to light under its use. Cocaine is always a stimulant, and probably produces its effect by causing an anemia of the blood vessels in the iris, and by stimulating the sympathetic nerve. It probably causes local anesthesia by over-stimulation of the sensory nerves.

J. A. T.

Dr. G. Frank Lydston will lecture on "Social Evolution" at the College of Physicians and Surgeons, of Chicago, Thursday, February 22, 1894, at 8 P. M.

Miscellany.

DR. S. B. W. McLEOD AND THE ANTI DISPENSARY PARTY WIN THE DAY.

Monday night, the 15th ult., the most exciting election ever held by the New York County Medical Association was witnessed.

There were three candidates in the field running for president; and, singular to say, they all were objectionable, though in varying degrees.

Dr. McLeod's candidacy was distasteful because he had been president three successive years; and, it was righteously felt that it was time for him to "step down and out," and make room for some ambitious aspirant from the younger crop.

Dr. Tucker Harrison, another candidate, though, like Dr. McLeod, admired and respected by all the members, yet had been president in the near past, and it was thought best not to further encourage him to seek presidential honors.

These two honored veterans were confronted by a young man quite unknown in New York, Dr. Ferdinand Valentine, who was a member of the association but two years, but he proved that he was not wanting in fighting metal, and gave his opponents all they could do to prevent themselves from total annihilation.

For the first time political canvass tactics were pressed forward by Valentine. Nearly every member of the association was personally appealed to by his henchmen, and the night before the election the mails were employed to scatter among the electors a circular setting forth his pledges and promises.

On the night of the election the Valentine faction, which came in great force and moved compactly, had hustling about the city in every direction, while the rain fell in torrents, several coaches and cabs, to bring in the lame, the aged and the invalid.

When the polls were opened the hall of the old Academy was packed.

The McLeod columns were compared with the magnitude and solidity of the Valentine forces. Rumor was now scattered that Valentine had been a homeopathic physician; that he was yet an "unrepentant sinner," that he and his faction only wanted to make the association an annex to another polyclinic, which New York is threatened with; that they were the same gang of specialists that brought disaster, disunion and ruin into the ranks of New York physicians 10 years ago.

This item of news, which, however, contained more truth than poetry, produced a smiling effect among those who had come to push on the young candidate.

Now that they were not to be worsted, they resorted to new tactics, and charged W. McLeod's manager, the candidate for vice president—Dr. A. D. Ruggles—with treachery and treason. A motion to put him on the rack was pressed by Dr.

Roger Pryor, but the president very prudently choked him off on a rule of order, and the balloting went on.

It was nearly midnight when the polls closed. On the first ballot McLeod, closely pressed by Valentine, came out first. Harrison was only third, though the Southern vote was thrown almost unbroken for him.

Now, as no candidate had a majority, a second ballot was cast, when the Harrison men, almost in a body, went over to McLeod, when he secured a majority, though to the last closely forced by Valentine.

PROFESSOR W. D. OUTTEN, OF ST. LOUIS, VISITS NEW YORK.

Chief Dr. W. D. Outten, of the Missouri Pacific, has been spending the past week with Professor Fulton, of Kansas City, and Dr. Perkins, in New York, visiting various hospitals and attending to business matters. Wednesday evening the party were the guests of Hon. Clark Bell. Thursday evening they were entertained by Vice President of the National Association of Railway Surgeons Dr. Thomas H. Manley, and they wound up the week by a royal reception and a grand dinner Saturday night, at the residence of Dr. Matthew D. Field, the chief surgeon of the Manhattan Elevated Railway system of New York.

The Medical Department of the Northwestern University requires four years' attendance at college, not recognizing time spent with a preceptor. It is thought, however, that arrangements will be made by which students taking a full course at the University undergraduate department may so elect their last year's studies as to save one year in the medical department.

Rush Medical College has adopted the compulsory four years' course, to apply to all students registering after the present term. The class this winter numbers 730.

Dr. F. P. Van Valkenburg, of Chicago, died January 22, of angina pectoris.

At Chillicothe, Ohio, a Catholic lady has become insane through the efforts of a Baptist minister to convert her to his faith. Is this religion?

The Coughlin and Prendergast trials have brought prominently forward a number of Chicago's leading medical lights, with the result of showing a very marked diversity as to views and also as to capability as witnesses. In one case at least the sharp attorneys were beaten at their own game.

The Times and Register.

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PHILADELPHIA, FEBRUARY 10, 1894.

WHOLE No. 805.

Original.

EPITHELIAL SKIN GRAFTING.

BY C. B. KIBLER, M. D., CORRY, PA.

While the tendency of late in almost all papers presented before railway surgeons has been directed toward that of traumatic neurosis, it would appear as though subjects, no doubt of immense importance to all of us, have been delegated to the rear.

No doubt can exist as to the very great importance of the thorough manner in which this exceedingly perplexing question of spinal injuries should be dealt with, yet we cannot let it override the fact that many points of minor detail enter quite largely into the daily routine of experiences in the hands of the railway surgeon, which should also claim our attention; therefore, I will endeavor to present for your consideration a plan of skin grafting upon raw or ulcerating surfaces which I have found of great benefit in the past four years, in closing up such surfaces in a somewhat unique manner.

Practical example is always in advance of theoretical precept, and so in this paper I will endeavor to present practical work to demonstrate the operation, technique, material used and clinical results in a few cases of what doubtless is a new and novel procedure in epithelial grafting.

I appreciate the success of the researches of Reverdin, first announced in 1870, in the transplanting of small particles of skin to raw or granulating surfaces, and the most excellent results obtained by many operators from this method since then, also the most admirable results obtained through the method of Professor Thiersch and others by removing large strips of skin from the thigh or arm and applying to much the same condition of surface, as did

Reverdin, has to a greater or less degree superseded the method of the former.

This makes the raw, ulcerating surface not a thing to be dreaded by the surgeon of the present day, as it many times has been the surgical opprobrium of the last decade.

There can be no question of doubt but to American surgeons belongs the credit of first advancing the idea and technique of skin grafting.

The late, lamented Frank H. Hamilton, that master mind who was always in the advance guard of improvement in surgery, in 1854 successfully transplanted skin to a raw surface. He had, however, seven years previous, in 1847, advanced the idea, but failed to apply it to use until later on.

I will not burden the association with reviewing the history and great achievements attained in the past upon this subject, but will briefly detail the object of this paper.

Case 1. In October, 1889, J. L., a lad of 12 years, in attempting to jump from a moving freight train fell under the wheels and had the soft and bony parts of his right hand crushed thereby.

Efforts were made to save the hand; but, some five days afterward, I was called in to amputate on account of sloughing.

The thumb, retaining some vitality, the hand was disarticulated at the carpometacarpal joint, saving the thumb, but leaving a surface of about twenty-four square inches entirely devoid of skin.

His mother earned her daily bread as a washerwoman. Her hands, from her daily avocation, became much calloused, and it was from this thick and indurated epithelial tissue that I obtained what proved to be a most excellent material for grafting.

Small pieces, about one line square, very thin, in fact, not much thicker than tissue paper, were sliced with a sharp

* Read at the meeting of the Association of Erie Railroad Surgeons, New York, January 5, 1894.

scalpel from the callosities of the palm surface of the mother's hands.

The granulations were first washed with a 10 per cent. solution of warm creolin water, and afterwards with saline solution of sterilized water. The surfaces from which the grafts were obtained were treated in a similar manner.

The grafts, from six to ten in number, were then applied to the raw surface and covered with protectives, which were held in place with rubber plaster.

The remainder of wound was powdered with boracic acid, the whole covered with moist gauze, absorbent cotton, and lastly crinoline bandage. The dressing was changed every three or four days, all dressings removed, and new grafts applied upon a new field of raw surface.

About 80 per cent. of grafts adhered and formed true skin.

One peculiarity it will be well to call your attention to, and that is, the grafts must be applied precisely as they are cut off, for if you should reverse or turn them over, they will not grow; seemingly, the vitality is thereby entirely destroyed.

This boy's hand was covered with skin in about four weeks' time.

My next opportunity for applying this method of grafting occurred shortly after the above case.

Case 2.—Mr. K, aged 63, had a tank of boiling water emptied upon his neck, back, arm and forearm, entirely destroying 400 square inches of true skin. This was completely covered after the method above detailed. It required nearly four months to complete the cure, which occurred with very little contraction from cicatricial tissue.

Case 3.—Large indolent ulcer of left leg. Mrs. T, aged 56. The ulcer was about 3 by 6 inches in size, of three years' standing.

The surface was denuded with a scalpel before applying the grafts. Five weeks were required to complete a perfect cure.

It will not be necessary to occupy your time in detailing the results of some 60 cases of ulceration, principally of the extremities, treated by this method. Many of them were the result of crushing injuries, such as we often find in railway employees.

The advantage of this method over the use of skin, either in large or small patches, consists in the fact that there

is no pain or raw surface left upon those who furnish the material. The supply from the hands of those whose avocation produce the callosities is daily renewed and no discomfort in any way is produced by removing the thin slices of tissue from the thickened epithelial surface. From three to six or more grafts can be obtained from the same surface every three or four days without the subject suffering the least inconvenience; at the same time it is entirely bloodless.

No local anesthetic is required. A much greater number or percentage of the grafts uniting than by any other method. In my hands and others it has exceeded 80 per cent. of grafts that united and formed true skin.

The abundant supply of material to be obtained at all times without any coercion, for, if it cannot be obtained from the palmar surface of the hand, no trouble will be experienced to procure it from the plantar surface of the foot; for callous epithelial tissue can be obtained from the foot of almost any person.

If I have interested you with this summary of my experience in this new form of epithelial grafting, and in your hands, after faithful trial, it proves as complete a success as in mine, I shall feel augmented in my opinion that, in a great majority of cases where now other methods are used, this can be substituted.

OTITIS MEDIA PURULENTA.

BY F. W. FRANKHAUSER, M. D.,
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(Continued from last number.)

TREATMENT.

The change in the treatment of supuration of the middle ear is in a large measure due to the introduction of antiseptics into the treatment of all suppurating cavities or sinuses.

Many of us remember when we were taught to syringe the ear with soap and water, very many times, possibly causing an injury instead of alleviating a diseased condition.

Most of us remember the time when very little attention was paid to diseases of the ear in our large medical schools; possibly a clinic once a week,

or only once a week for the three months during a year.

Is it, then, any wonder that many of the graduates knew very little of the diseases of the ear, and possibly cared less about it, and often said, "There is nothing to be done for it."

It has not been very many years since the laity in cases of earache before suppuration took place would blow tobacco smoke into the external auditory canal a number of times, and very often the patient would, for the time being, fall asleep, owing to the warm air, and maybe to the relaxing properties of the tobacco. When in a short time the pain recurred the process was repeated.

Happily, for those of us, who do not smoke, that practice has had its day. Warm water applied through a small rubber tubing in a continuous stream, flowing gently against the inflamed ear, will very often relieve the pain, or what is quite a favorite of mine.

R Tr. Opil. 10
Oleum Olivae, aa. gtt. 10
Cocaine grain $\frac{1}{2}$
Sig.—Warmed and dropped into the ear or applied on absorbent cotton; repeated at intervals of one hour.

In severe cases morphia grains $\frac{1}{4}$, every hour or as indicated by the pains, becomes necessary. When suppuration takes place and the membrana tympani bulges outward, and sometimes the secretion can be seen through the membrane, one incision in the membrane will relieve the tension and allow the secretion to make its exit.

Whatever complications may exist should be treated at the same time. After the incision or perforation of the drum membrane has taken place, then the antiseptic washes come into use, so as to produce asepsis as soon as possible. Among which are the following:

R Boracic acid 10 grains to.. 1
Hydrarg. Bichloride..... 1-2000
Carbolic acid 1-1000
Peroxide of hydrogen..... 1-20

These can be applied by a small syringe, being careful not to use much force, or what is preferable, a mop of absorbent cotton wet with the wash, and the ear cleansed very gently.

After the cleansing, my experience has been that the dry dressing gives the best results, and is so much more cleanly than a moist dressing. Among the dry dressings I will mention:

R Tannic acid..... grains. 30
Euphphen aa. 10

R Boracic acid. grains.
Bismuth subnit. aa. 20 grains.
R Boracic acid.
Alum.
Tannic acid..... aa. 10 grains.
R Boracic acid.
Bismuth subnit.
Aristol aa. 20

or any similar combination; often I use only boracic acid.

Fill the external auditory canal with the powder, and let it remain until it becomes moistened with the discharge, when the parts should be again cleansed.

R Tannic acid.... grains. 30
Glycerine ounce $\frac{1}{2}$
Sig. Applied by a mop several times a day has been highly recommended.

In chronic suppuration of the middle ear the local treatment is practically the same as in the acute, where necrosis or caries of the ossicles, or of the bony canal, they should be removed, or if the squamous portion of the temporal bones becomes involved the diseased bone should be removed.

The internal treatment should not be neglected, as in all suppurations we should sustain the patient.

I report the following cases: H. F., male, aet. 28, puddler by occupation. Had suppuration of right ear for six weeks, being under the care of another physician, when, Feb. 10, 1892, I was sent for, and found him with intense pain in right side of head, delirious, rolling in bed for pain, temperature 105 F., face flushed, external auditory canal filled with a thick muco-purulent offensive discharge, very tenacious.

After cleansing the canal very carefully I filled the canal with equal parts boracic acid and iodoform, gave morphia to relieve pain, a fever mixture to reduce the temperature.

The high temperature continued for a few days. The discharge continued for two weeks. The perforation was near the centre of the membrana tympani. In a few weeks afterward the discharge ceased, and the sense of hearing was very little impaired.

F. H., female, aet. 17. Had scarlet fever when she was three years old, with sloughing on the outside of her neck, the cicatrice extending from the lower angle of her right ear to the medium line of her neck.

Internally, there was a large slough involving all the muscles of the pharynx

and palate; adhesions have formed holding the muscles of the palate to the posterior wall of the pharynx, leaving the opening into the posterior nares only about three-eighths of an inch in diameter. The space back of the vault of the mouth is constantly covered with a tough mucus; her voice has the nasal twang.

Both middle ears began suppurating and have been since, at the superior portion of the external auditory canal of the right ear.

There was a teat-like prominence, having an opening in the centre, which led into a cavity, one inch in length and at least one-half inch in width; the surface of the cavity was rough and corrugated.

The membrana tympani entirely gone of both ears, the opening covered with granulating tissue. Hearing of watch only on contact.

After cleansing the cavity with a solution of peroxide of hydrogen 3 to 20, and then a solution of hydrarg, bichloride 1-2000, filling the cavity and auditory canals full of equal parts aristol, boracic acid three times a week.

The cavity was entirely closed; some little discharge from the middle ear still continues after four months' treatment. The young lady's general health was very much impaired when I first saw her.

This was a case where the family physician said "She would outgrow her running ear."

H. W., male, aet. 29, had scarlet fever when he was two years of age, followed by suppuration of the middle ear on left side. First saw patient Nov. 16, 1892. Then the left ear was found to discharge a thick, tough, adherent, offensive pus.

The external auditory canal being entirely filled with a polypus of granulating tissue, adherent in the middle ear by a pedicle through the drum membrane; a sinus leading from the posterior aspect of the external ear into the squamous portion of the temporal bone. The growth was removed with a snare attached to the galvano-cautery battery, the cavity washed out with the peroxide of hydrogen, 1-10.

The external canal filled with boracic acid and iodoform. The sinus closed in a very short time after the growth had been removed. After treating the

middle ear for a few months, the discharge ceased and has not returned.

The perforation in the drum membrane closed and the hearing is 3-20.

F. F., aet. 16, male, came to my office June 4, 1893. Had a profuse discharge from both ears, the external canal being completely filled with pus of an offensive character; had been discharging for four years. Both drum membrane were perforated. In using inflation by Valsalva's method, the pus could be driven out through the perforation.

The inferior turbinated bones on both sides were enlarged, with the hypertrophic tissue completely closing both nostrils, his breathing being conducted through his mouth. His hearing 2-20 in both ears. Both turbinated bones were completely removed, then the treatment of the middle ears was conducted as the other cases, and in three weeks not a vestige of discharge was to be found, and had not returned two weeks ago.

His hearing is now 6-20.

THE PHILOSOPHY OF MAN.*

BY JAMES E. GARRETSON, A. M. M. D.

Hear first these words from the eminent English divine, Brooke Hereford: "It is not what we carry in our pockets that makes us most truly rich—even though it be in gold or diamonds. The open eye to see the beauty that is in earth's poorest place; the thoughtful mind to watch the world's life and change and growth and working together; the interest in books so as to absorb their rich, warm life into your mind; the large heart to look on all around you with tender, loving sympathy, feeling their joys and sorrows, and having your single life multiplied as it were a hundred fold by interest into others—these things are what make man's being rich and full and quick with the promise and potency of greater life to come.

"And so I think we should look around us in this world, even in the poorest corner of it, with a royal sense of privilege and blessing—a feeling like that which breathes in this old word—that 'all things are ours'—sunshine and storm, the flowers, the glistening innumerable

*Lecture delivered before the Garretsonian Society February 7, 1894.

stars, the solemn mountain heights, the vast domain of history, the lofty ideals of art and music and poetry, the rich surrounding interests of life about us, all good and great and wise ones, earth's noblest uses, Heaven's glorious hopes, things present, things to come—all things are ours!

"And we are Christ's," and 'Christ is God's.' Yes! All things gather to their highest. All earnest upward life looks upward yet, leads upward. The life which feels this happy royal sense of richness as it looks round, feels all its blessings brighter and more precious as it looks up, and earth's use and joy culminate as with Christ we catch the sense of life's infinitude, and see all resting in the ever-enlarging light of Heaven and God."

And these from that greatest of the preachers of the world famous Westminster Abbey, Canon Farrar. His subject is eternity.

"No man can pass into eternity, for he is already in it. The dead are no more in eternity now than they always were, or than every one of us is at this moment. We may ignore the things eternal; shut our eyes hard to them; live as though they had no existence—nevertheless, eternity is around us here, now, at this moment, at all moments; and it will have been around us every day of our ignorant, sinful, selfish lives. Its stars are even over our head, while we were so diligent in the dust of our worldliness, or in the tainted stream of our desires. The dull brute globe moves through its ether and knows it not, even so our souls are bathed in eternity and are never conscious of it.

Are here not our own Longfellow, only in other language? His lines are no doubt familiar to every one present:

'Oh what a glory doeth this world put on
For him who with a fervent heart goes forth
Under the bright and glorious sky, and looks
On duties well performed, and days well spent!
For him the wind, ay, and the yellow leaves,
Shall have a voice, and give him eloquent teachings.'

Listen to these other lines. They apply to a question asked, "What shall I do to do best?"

"All are architects of Fate,
Working in these walls of Time;
Some with massive deeds and great,
Some with ornaments of rhyme.

Nothing useless is, or low;
Each thing in its place is best;
And what seems but idle show
Strengthens and supports the rest.

For the structure that we raise,
Time is with materials filled;
Our to-days and yesterdays
Are the blocks with which we build.

Truly shape and fashion these;
Leave no yawning gaps between
Think not, because no man sees,
Such things will remain unseen.

In the elder days of Art,
Builders wrought with greatest care
Each minute and unseen part;
For the Gods see everywhere.

Let us do our work as well,
Both the unseen and the seen;
Make the house where gods may dwell,
Beautiful, entire, and clean.

Else our lives are incomplete,
Standing in these walls of Time,
Broken stairways, where the feet
Stumble as they seek to climb.

Build to-day, then, strong and sure,
With a firm and ample base;
And ascending and secure
Shall to-morrow find its place.

Thus alone can we attain
To those turrets, where the eye
Sees the world as one vast plain,
And one boundless reach of sky."

Is philosophy anything but words save as its yield is completeness, roundness, fulness, ascent? Is the circle that we have gone around incomplete? does it lack roundness? Is it wanting in fulness? Yet while a circle is it not a spiral? is a spiral else than capability to unlimited extension?

But we are to consider, and to fully take in the application. Have we met with anything conflicting with Zoroaster's aphorism that "Knowledge of self is one with understanding the universal? Have these philosophical lectures, or, more to the purpose, have the curricula of the schools, either of medicine or dentistry, as daily, and day by day into and through the mouths, and through the three years of the courses, led to else than compulsory agreement with Berkeley that "things are one with perceptive?"

Have not anatomy and physiology brought us to the differentiation separating Empedocles and Socrates? Are we in any doubt as to the meaning of the famous couplet of the former?

"For once I was a girl, and once a boy,
A bird, a bush, a fish which swam the sea."

And have we not reached, through Cartesianism, the full meaning of the exclamation of the latter as made to Criton when he asks as to the burial:

"If only you can catch me Criton, bury me as you please."

How do some men see vinegar eels while men at large see only condiment? How do some men know that the solid-est of solid walls are but phantasms, while men at large know them alone as realities? How is it that some men appreciate and recognize Forms as reality while men at large see nothing but the matter that stuffs the Forms?

(Dr. Garretson here took up a piece of chalk and went to the blackboard.)

Proceeding with the lecture he said:

There are letters A, B, C. Is, the stick of chalk held in my hand these letters? (Then the letters were written upon the board). Do we, or do we not understand? Have I made you letters? Why letters were brought out of Chaos by Cadmus before were written the sad words "Carthago delenda est."

What have I done as to these letters? What I have done is to repeat an act of materialization discovered and practiced and taught by this Cadmus fourteen hundred years before the time of Christ.

In the letters upon the board I repeat the lectures on Forms, and as well show all that is to be shown of the mystery of materialization.

(Rubs the chalk off the blackboard.)

The chalk is gone. We can never get it back so as to know it as the same chalk. What as to the letters? Myself have known and used them for three-score years. The world of men has known and used them for a hundred and fifty score of years. For the past sixty years I have daily been stuffing letter-form with matter, with ink, with lead, with chalk. The matter has disappeared, gone into the universal. Form remains—and with that which remains resides demonstration that forms are of nearer approach to Noumenon than is matter.

How is it that one father mourns a dead child, while another father has his upon his knee and talks with it? Is Ego of less reality than a common letter that when matter is out of it an existence has ended? What lacks? Is difference aught, same as to character and degree of sight—of body dressed in crimson and body clad in neutral? Is not one clad in gray to be seen only near by, while red renders conspicuous in the distance? This as appeal is to the organic sense of sight. Again, does an emmetropic not see where a myope does not see? Does a microscope not enable sight where brightest and longest-vis-

ioned eyes, lacking a glass, see nothing?

Have we, or have we not in memory the visions beheld at Patmos? Is the voice heard by Samuel fable or fact to us? Is the angel at the tomb, the transfiguration upon the mount, the hand projected and writing upon a wall, the words spoken through the lips of an ass, the visions of which all ages are full? Are these not lies to common sense, possibilities to educated sense, undeniable realities to egotic sense?

Realities how? and in what? Certainly occasion is not with us to ask these questions if memory be present as to distinction between subjective and objective, and memory as to the paradox of oneness of these seeming opposites—opposites reconciled in understanding of Paracelsus' immaterial-material, and of his Evestra.

Is there with us any longer excuse for branding spiritualism as necessarily fraud, learning what we have about "forms?" believing and knowing, with Plato, that "forms," instead of being nothings are the only somethings; that they are the only existences with which science may worthily concern itself?

As to the religions?" Is this understood by us in the demarkation which renders tradition and bible not at all necessary to its understanding and acceptance? Is Christ less God that we have no longer occasion for mystery, seeing that out of understanding of hypostases we understand divine incarnation? More than this, seeing we understand brotherhood with Christ, and through this sonship with the God—all this after so simple a fashion as we understand the Subjectives of a Sweedenborg, the percepts of a Shakespeare, the muscles of a Corbett; no more mystery with the Christ than with the pugilist; no more possibility to deny the one than the other.

* * * * *

To return to circle and spiral. Application is to be found of what we have learned.

There is no break in the continuity of a spiral, yet is a spiral never else than a circle? He who is within a spiral is within a circle and the circle is his boundary. Boundary is not less boundary by reason of ascending or descending or narrowing or broadening. Application is with the Now. Existence

is an Eternal Now. The duty and the meaning of Now is with Now. There never was, there never can be anything but the Now. This is the basal doctrine of my book. "Man and his World." It is repeated with emphasis in the volume "Nineteenth Century Sense." It must be that it will strike an appeal to all men as it is my pleasure to see it recognized and accepted by Caon Farrar, a gentleman whom I have had the pleasure of meeting personally. "Now, dismisses confusion! A man is what he is. He may not say "I know what I am but what I shall be." What a man shall be is what he is, therefore he knows what he shall be; at any rate he knows what he may be.

There is no mystery beyond a grave. Grave is for body. The grave of body is wherever turn is, wherever motion is, wherever molecular motion of any kind is. "Hic jacet" is but slender paradox for whether translation reads "here he lies," or "here, he or it lies" it is one with lie or ignorance, both psychics and physics determining that here he who lies is not he who lies, but he who lies not.

Aristotle declares nothing to be acceptable save as proof, or disproof, lies with the syllogism. Let the manner have here application.

That which is perpetual is eternal.

Now, is perpetual.

Ergo.

Now and eternal are one.

As application of the senses we have recognized and studied it would lack fullness if existence were anything else than the Now. Let other "ergo" be made.

Given as the only possible definition of Eternity, that it is condition having neither beginning nor ending, time necessarily finds place in it; ergo, we are in eternity. Again, repeating the definition, recognition follows, that a condition being without beginning or ending is a condition without movement; there is nothing but a perpetual Now.

The perpetual Now being understood, conflict is seen to be with nothing but mystery, for surely a perpetual Now that treats of Cadmus, treats as well of a billion years hence; it treats as well of a familiar passage, reading: "A thousand years are as a day to the Lord, and a day are as a thousand years." It treats, too, of heaven and hell, and more than this, it makes or leaves unmade heaven and hell as it shows making and unmaking to lie with a man's self. That which a man cultivates, that he is, that which he leaves uncultivated that he is not.

Conclusion may lie with a familiar couplet:

"That thou art happy, owe to God,
That thou continuest so, owe to thyself."

(The end.)

STRANGULATED INGUINAL HERNIA ON LEFT SIDE. REDUCTION OF THE CÆ- CUM. LATERAL INTESTINAL AN- ASTOMOSIS. RECOVERY.

Patient 64 years old, a farmer since he was twenty-four years old. He had a left inguinal hernia, for which he wore a truss. From that time, he suffered none from it, as it was easily returnable and comfortably supported. But, early in last July, the rupture came down into the scrotum in great volume, and could not be returned. He entered hospital September 16.

His mother had died of a strangulated hernia at the age of 74 years. There was no history of any other member of his family ever having had hernia.

Since July he had suffered almost constantly from colicky pains, constipation and indigestion.

Purgatives always caused an increase in the size of the tumor and rendered it more painful.

Diagnosis:—Incarcerated and strangulated entero-epiploceci, with intimate adhesions and inflammation of the serosa. Operation on the 22d of September.

Intestine, omentum and tunic vaginalis intimately adherent to each other.

In liberating the adhesions the extended cæcum was lacerated and the intestinal contents flowed freely out. Another tear was produced in freeing the posterior wall of the bowel. Now, the operator, M. Courtin, decided to resect the entire cæcum, which he did, drawing the free ends of the cæcum and small intestine out through the incision made for the relief of the strangulation. With a rubbed constrictor in either end of the intestine the damaged segment of it was excised.

Now, as there was found a great inequality in the diameters of the small intestine and the colon, the latter was entirely closed by the Lambert suture, and an opening made in its lateral wall, of such extent as was in proportion with the opened ileum.

An anastomatic-enterraphy was now made by suturing the mucous, muscular and serous coats separately, in independent layers.

After the mesentery had been appropriately fixed, to adopt itself to the changed anatomical condition of the parts, an operation for the radical cure of hernia was superadded. A prompt and radical cure followed. The patient had a free movement the following day, and, three weeks later, left the hospital with his hernia radically cured, his old cæcum amputated and a new one re-established.

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THE GARRETSONIAN LECTURES.

The present issue contains the last of Dr. Garretson's lectures on Philosophy for this season, as soon, in February, preparations for examinations begin on part of the students who form a large portion of the Garretsonian Society.

For the sake of our readers it is to be regretted that lack of space in this journal has prohibited more than meager illustrations, or synopsis of what these lectures are found to be by the hundreds who attend them.

It is hoped that our readers, from these reports, are enabled to read between the lines for themselves. Unfortunately the great demand for the reports of these lectures has divested us of extra copies of the complete set so that we are unable to supply farther back than the January 20th, 1894, number.

OUR DEPARTMENTS.

The recent dividing of the weekly reading matter in the "Times and Register" into departments, under the charge of the several efficient co-workers of the editorial staff, has already received much favorable commendation.

In order to further facilitate this work, and make each department of practical value, it is proposed to invite our generous outside supporters to send

short contributions directly to the various gentlemen in charge of the departments; the subject matter in the communication indicating to which department such may belong. These may be sent directly through the "Times and Register" office. Contributions of this character should be plainly written, or typewritten, and contain not more than 400 words to a single article; making them short, concise and to the point.

Particularly would we call attention, in this respect, to the department of electro-therapeutics, which is practically a new branch in medical journalism, now rapidly being developed, both in this country and Europe.

THE TREATMENT OF SMALL POX BY THE NON-ADMITTANCE OF THE CHEMICAL RAYS OF LIGHT.

Much is being said, and some practical demonstration is being tried in the treatment of small pox by confining the patient in rooms where light is only admitted through a red medium (either glass or curtains).

On some of the lower orders of animal life red light acts as darkness, and ultra violet as daylight; the two rays, of course, being at opposite ends of the solar spectrum, and hence chemically dissimilar.

That light is an irritant to the skin is proven by the fact that we have eczematous diseases caused by sun and intense electric light.

In the middle ages it was customary to make use of red curtains in the treatment of small-pox, cures even taking place without pockmarks.

The action upon the skin from the exclusion of light seems to depend upon the lessened irritation, so much so, that the vesicles do not proceed to suppuration, and by this means scarring is obviated.

It is suggested that we might expect beneficial results from a similar plan of treatment in other exanthematic diseases.

SALVES AND SOLUTIONS ON WOUNDS.

Before the era of antiseptics ointments occupied an important position of every well-stocked surgery. We had

the simple salve, the sedative, the astringent, the soothing and the "healing salves." But antiseptics came, and the salves went.

They were replaced by powdered chemicals, gauze, bleached cotton, etc., and to use them now would be stamped old fogyism.

When, however, it is remembered the purposes which they well served, it is only too evident that their wholesale rejection was a mistake. They first served as an impermeable covering to a mutilated surface—in that way excluded the irritating action of the atmosphere. They served as a lubricant, and in this manner kept the surface moist.

Their removal, in changing the dressings, was free from pain, and did not cause the disturbance of the healing surface, which is the case with dry gauze.

They were not aseptic, it is true, but whether they were or not, their action was satisfactory, and now that orthodox antisepticism is dead or dying fast, no doubt, in the near future, one of the next surprises in store for us will be a statistical report from some author, with an unpronounceable name from abroad, who will show that some sort of new ointment has been discovered at the very sight of which there will be a veritable stampede of every description of germ.

The lotion has stood the ground better than its oleaginous kinsman, in spite of the "dry dressings." In Vienna the lead-wash and the black-wash are daily employed. Indeed, we were quite startled to read an eminent teacher's remarks recently, on a "stimulating wash," for, until the very recent past, it was little less than downright heresy to speak of anything but antiseptic washes.

ther and learn that personal healthfulness—a clean stomach and an active liver—are of vital importance in the line of general therapeutics. Let us go a step further, and learn for ourselves that if we would be the educators of hygiene, etc., that we claim to be, the example must follow precept. This means that indigestible trash, no matter how "toothsome," must be banished from our table, sideboard, banquet and reception, and with it should go "old Frumenti," and all his kindred spirits. It means that our back yard, our alley, our vaults, ourselves and our belongings must be kept consistent with our teaching and advice to others.

How many doctors blame the out-house vault for the fatal ending of a case, when their own is in as bad a condition? How many blame their patients for careless exposure who have not pride enough to have their own boot soles mended? Who say "no wonder she died, surrounded by so much dirt," when their own offices would not compare favorably with a well-kept pigpen?

There is nothing new in this (more's the pity) that so little attention is paid to knowledge acquired. Hundreds of physicians have read the editorial, "The doctor and the cook." If 10 per cent. of them put it in practice, there will be more stars in professional crowns than the editor ever fondly dreamed of. Said an elder in the church: "Had it not been for the inconsistencies of Christians themselves, Christianity would have swept the world long ago." So with "ourselves;" had it not been for personal and persistent violation of our own code, we would have doubled our power for the physical good of our generation.

TWO NEW ANTIPYRETICS.

Under the name of neurodin and thermodin have been described by Von Mering in *Therap. Monatsh.*, December, 1893. Both are colorless crystalline substances and when given in doses of seven grains reduce temperature two to two and a half degrees centigrade.

CREASOTE CARBONATE.

Creasote carbonate has been used with success in tuberculosis of a child six years old.

OURSELVES AS OTHERS SEE US.

Under the above heading in the October number of the "Medical and Surgical Reporter," Dr. Towler, of Marienville, Pa., gives some very wholesome advice to the profession. Among other good things he says:

The great and good surgeons and gynecologists of the day insist that personal cleanliness of the surgeon himself is of vital importance to successful operation. Let us carry the idea still fur-

Book Notes.

A PRACTICAL TREATISE ON NERVOUS EXHAUSTION (Neurasthenia). ITS SYMPTOMS, NATURE, SEQUENCES, TREATMENT. By George M. Beard, A. M., M. D. Edited, with notes and additions, by A. D. Rockwell, A. M., M. D. Third edition enlarged, New York; E. B. Treat, Cooper Union, 1894, pp 257.

This excellent work brings together in one compact and readable volume the myriad-sided aspects of functional nervous diseases.

Neurasthenia is now almost a household word. Its manifestations have contributed untold perplexity to the therapist, and the published experience of Drs. Beard and Rockwell possesses a distinct value for the profession.

In no department of therapeutics has there been, even in this active age of progress, so rapid and useful an advance as in the management of nervous exhaustion, and the diseases that result from it or are related to it.

This work was undertaken, says the author, to describe with thoroughness, if not exhaustively, the symptoms of neurasthenia—those hitherto assigned to other affections, or regarded as special and distinct diseases themselves; to show their relations and interdependence; to distinguish them from the oftentimes closely resembling symptoms of organic disease on the one hand, and the symptoms of hysteria and hypochondria on the other hand; to unify and harmonize the complex developments and manifestations of this malady, to indicate its pathology and rationale, and trace out in detail its prognosis, sequences, treatment and hygiene.

Not only are the symptoms, nature and diagnosis of nervous exhaustion, together with the etiology, pathology, prognosis and sequences, set forth in a clear and a remarkably comprehensive manner, but the chapter upon the treatment and hygiene of this disease is unusually satisfactory. Properly, it is one of the longest chapters in the volume, and a portion of a subject too often but glanced at briefly is here given the fullest practical consideration.

It is, however, justly observed that it is not possible to so set the rudder that a ship may steer straight across the Atlantic. It must be watched each mo-

ment and shifted with the winds and currents. It is usually impossible by a single prescription to steer a neurasthenic sufferer over the long voyage to health.

Among external modes of treatment, such as electricity, water, massage and counter irritation, it is stated that the chief of these four modes of treatment is undoubtedly electricity, which, with a rapidity which has perhaps no parallel, considering the difficulties in the way of its use and the prejudices against it, has forced its way into science.

For the general practitioner as well as all who are specially interested in the study of functional nervous diseases, it is a most valuable work and a suitable companion to other writings of these well-known authors.

S. H. M.

VENEREAL MEMORANDA. By P. A. Morrow, A. M., M. D., New York. Published by Wm. Moor & Co.

This is the second edition of Morrow's work on venereal diseases printed as a pocket manual for the use of students and busy practitioners, revised and brought up to date. The affections considered in this concise work are gonorrhea, chancroid and syphilis. It is frequently paraphrased, a factor which much enhances the easy reading of any work. Dr. Morrow is so well known as an authority on venereal diseases it is hardly necessary to state that the work is one of the best of its kind, as the author's name no doubt would be ample enough for that assertion.

THE PHYSICIAN'S WIFE. Illustrated. By Ellen M. Firebaugh. Published by the F. A. Davis Co., Philadelphia, Price \$1.25 net, in cloth; \$3.00 in half leather.

A work full of enjoyable reading, true to real life and one which portrays the daily routine of the physician's bosom companion in a most admirable manner. It is a volume of 200 pages, printed on excellent paper, and well worth the low price asked. We are sure every physician's wife in the country will want one of these books.

Surgery.

Under the charge of T. H. MANLEY, M. D., New York.

ANATOMICAL RELATIONS OF BLADDER, URETER AND KIDNEY.

Lewin and Goldschmidt made a number of experiments on the relations between bladder, ureter and the pelvis of the kidney. Most physicians hold the view that the anatomical disposition of the ureter, its oblique course through the wall of the bladder, makes a regurgitation of the contents of the bladder rather difficult. It seems that the results of the experiments don't agree with this view. Regurgitation is not necessarily a late complication of cystitis, but may come on very early through irritation of the bladder. Artificial retention and injections into the bladder, even without great distention, caused either dilatation of the ureter or peculiar contractions and fluid passed up through the ureter. The authors give the advice to be careful not to irritate the bladder and to give cautious treatment in cases of cystitis. They attribute most of the neuralgic pains in ureter and kidney to such regurgitations.

Dr. Schlenker publishes very interesting observations from Hanan's pathological laboratory in St. Gallen. Among 100 post-mortem examinations 66 showed evidence of tuberculosis, and only 34 were free from it. Among the 66 cases tuberculosis was:

Cause of death in 35 (53 per cent.)

Marked in 4 (6 per cent.)

Latent or inactive in 27 (41 per cent.).

Thus, he found that 61 cases died without a diagnosis of tuberculosis; only 34 had really no tuberculosis, but 27 had tuberculosis, although merely latent, mostly in the bronchial or other glands; in a few cases it was located in the lungs (5) or in the intestine (2).

This report gives a very high percentage of tuberculosis in the patients of a general hospital. It shows, however, that a great number of patients (27) had resistance enough against the virus to keep it in a latent condition.

ASSYMMETRY.

M. Clozier, in an interesting brochure, has called attention to the very common types of asymmetry observed between the two lateral halves of the

human body. This asymmetry, he says, is characterized, first, by a sinking of one of the other shoulders; second, thoracic deformity—a greater fullness on one side than the other, besides, the chicken-breast; third, by deviation of the spinal column; fourth, by deformity of the pelvis; fifth, by shortening of one of the lower extremities and lengthening of the other.

These, in a large number of young subjects, which have been examined he found almost to invariably exist, the most frequently in variably exist, the most frequently in young subjects. He regarded a rotation of the vertebral column as the prime factor in the etiology of the majority of cases. He proceeded to inquire as to whether these deviations are attributable to defects of development or certain occupations. He seems disposed to regard the former as the chief factor in causation. He recommends for treatment hygienic measures and reconstructive remedies, and, when the deformity is very aggravated, orthopedic appliances.

LONGEVITY AND OVARIOTOMY.

Dr. Harris, of Philadelphia, has written to Sir Spencer Wells to inform him that there is living, and in excellent health, an unmarried lady, 81 years of age, for whom the late Dr. John L. Atlee performed ovariectomy in June, 1843, more than fifty years ago. Dr. Harris asked if this case can be paralleled in England. This was Dr. Atlee's first ovariectomy. He had 80 cases; he operated on seven in the year he became 84 years of age; he performed tracheotomy when nearly 85, and died when nearly 86 years of age. We are indebted to Sir Spencer Wells for the interesting facts furnished by Dr. Harris.

—Brit. Med. Journal.

MARINE HOSPITAL EXAMINATION.

A board of medical officers will meet Monday, April 16, 1894, in Washington, D. C., for the purpose of examining candidates for appointment to the grade of assistant surgeon in the Marine Hospital Service.

For further particulars address

The Supervising Surgeon General,
U. S. Marine Hospital Service,
Washington, D. C.

German Notes.

Translated by ADOLPH MEYER, M. D., Chicago.

PROF. GERHARDT ON SYPHILIS AND SPINAL CORD.

After an historical review on the only recently recognized syphilitic diseases of the spinal cord, Gerhardt gives his own observations on nine cases.

Disease of the vertebræ may influence the spinal cord. It may be an extension of syphilitic processes of the bones of the skull (a case of Virchow) or may be due to propagation of syphilitic ulcers of the pharynx or they may be caused by a traumatic insult.

Cases of syphilitic disease of the spine are rather rare; Gerhardt observed two, whereas during the same time 21 cases of tubercular and 7 of traumatic disease of the spine were in his wards.

Within the spinal canal, the meninges and the blood vessels of the cord are most apt to become the seat of the disease. Yet, processes of softening and gummata of the cord have also been observed, the latter as small tumors when numerous, or oftener solitary and larger (up to hazelnut size). Generally they are located on one side only, mostly in the posterior tracts, comprehending also the lateral tracts. In this way Brown-Sequard's unilateral lesion of the cord is obtained.

The meningitic processes of the cord either follow similar affections of the cerebral meninges or may precede them. This combination leads to syphilitic cerebro-spinal meningitis (two cases of the author). In these cases he observed triplegia, i. e., paraplegia of the legs and paralysis of one arm, the other arm being intact.

Meningitic processes of the spinal cord cause pain in the back, rigidity of the spine, girdle-sensation, foci of anæsthesia and analgesia, etc. Many cases offered the symptoms of locomotor ataxia, and were only recognized as more recent syphilitic processes at the post-mortem.

A sudden increase of the paralysis or apoplectiform conditions of the spinal cord are to be explained in these cases by syphilitis arteritis. (The vessels become narrow and finally altogether occluded.)

The time which passes from the syphi-

litic infection to the onset of spinal disease varies from 3 months to 10 and even 20 years.

As further forms, Gerhardt mentions poliomyelitis syphilitica, cases of Landry's ascending acute paralysis and multiple affection of roots (Kahler).

Besides these primary affections, the nerve roots may be involved in syphilitic spinal meningitis; in this way rather rare lesions have been produced, as unilateral paralysis of the abdominal muscles, paralysis of the respiratory muscles, or eruptions of herpes zoster.

Four causes of the author showed the symptoms of Erb's syphilitic spinal paralysis. The infection had occurred one to six years previous. The symptoms were those of spastic paraplegia with considerably increased tendon-reflexes, but only moderate rigidity of the muscles. These cases are not yet sufficiently explained anatomically. They give a relatively favorable prognosis.

The danger of syphilitic disease of the spinal cord consists in the formation of bed-sores, cystitis and consecutive pyelitis and the progress of the disease to the oblongata.

Early diagnosis and energetic and persevering antisymphilitic treatment gives fair success, although processes of softening and secondary degenerations cannot be cured.

Gerhardt found among 102 cases of locomotor ataxia treated in his wards 51 cases that had suffered of syphilis previously (50 per cent., whereas Erb, Fournier and others found 90 per cent.). In this disease antisymphilitic treatment brought slight improvement in six cases; in two cases the improvement was more marked. In one of them the tendon-reflex and the reflex of the iris to light reappeared.

The cures are more numerous in private practice than in hospital practice, and the more probable the less time is passed since the primary infection, the better the patient is nourished and the more signs of syphilis are still present.

Atypical cases (unilateral or irregularly progressing) give fair chances.

—Berl. Klin. Woch. 50, 1893.

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

CHRONIC BRONCHITIS IN CHILDREN.

When bronchitis recurs in children, it is necessary to inquire what causes this tendency. The answer will be obtained by an inquiry into preceding diseases, heredity, hygienic, and by examination of the respiratory organs.

The whole respiratory tract should be explored; the nose for rhinitis, adenoid vegetations, deformity, etc. Bronchitis may be provoked or kept up by chronic affections of lungs, or mediastinitis. The presence and persistence of an infectious agent in the dilated bronchi accounts for the periodic return of bronchitis in subjects who have had bronchiectasis, following whooping cough, or bronchopneumonia of long duration.

Cardiac disease, congenital or acquired, may be the cause, or a badly-shaped thorax may account for it. Albuminaria also is a cause, from oedema of the lung.

Diathesis is next to be inquired into. The most frequent of these is the gouty or rheumatic, and lymphatism. For different reasons "neuro-arthritis" are inclined to contract bronchitis, the curious instability of the vaso-motor equilibrium in them, the contamination of their fluids by the imperfect execution of intercellular oxidations, their profuse sweatings predispose them to the disease.

Lymphatic subjects advancing in years often become gouty; suffer from bronchitis.

The indications, as in ordinary bronchitis, are to thin the secretions—and disinfect them. The most useful agents are the balsams; the antiseptics are represented by eucalyptus, creosote, tar, etc. Expectorants should be used as indicated, and cough within limits should be encouraged.

Moderate and frequent revulsion to the thorax, good heart action and tonicities of the bronchi and capillaries are to be obtained and great care given to hygienic and to alimentation.

—La France Médicée.

A NEW TREATMENT OF DIPHTHERIA.

Sig. Bianchini Antonio presents his method, which is based upon the antiseptic action of phenic acid. Absorbent

cotton, kept constantly moistened in a 2 per cent. solution, is worn about the neck, and by inspiration—for it is a valuable antiseptic—it is carried to the diseased surfaces (pharynx, tonsils, larynx). At the same time fifteen to thirty drops of tincture of the chloride of iron, dissolved in aromatic water and simple syrup, is given about every hour.

In grave cases the affected parts are touched twice daily with the following mixture: Salicylic acid, 3; absolute alcohol, 20; resorcin, 2; and glycerin, 10 parts. By a careful examination of the urine the amount of phenic acid which is absorbed can be ascertained, and the use of the acid can thus be regulated.

The advantages of this method are:

1. The ease of application of the remedies.
2. The action of the acid is continuous, regulated, local, and general.
3. From the first application the fever yields, but tends to again rise if the treatment is suspended.
4. The general condition improves from the beginning.

—Am. Jour. Med. Sciences.

TREATMENT OF MYXOEDEMA AND CRETINISM WITH THE THYROID GLAND.

In this paper 100 published cases of myxœdema and eleven of cretinism are reviewed. The treatment by thyroid gland is found to give equally favorable results in both sexes and at all ages. The length of time which the disease has existed makes little or no difference in the treatment. In some cases the improvement occurs with extraordinary rapidity, and the changes brought about in one month or eight weeks are always well marked; but the length of time during which it may be necessary to continue the treatment is a point as yet unknown. Probably it may be necessary to continually give a small dose at more or less prolonged intervals in order to maintain the improved condition. As regards dosage there has been no uniformity, so much depends on the age of the individual, and stage of the malady, and personal idiosyncrasy. The occurrence of grave and unpleasant symptoms is noted, attributable mainly to excessive dosage and consequent toxic action, and varying from general weakness, faintness, nausea, vomiting, giddiness, headache, and aching pains in the neck and shoulders, to loss of consciousness, tonic spasms, collapse, urgent dyspnoea, and cardiac failure, while in four cases death resulted.

—Glasgow Med. Jour.

Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., New York.

THE TREATMENT OF WRITERS' CRAMP, TELEGRAPHERS' PARALYSIS, AND THE OCCUPATION NEUROSES BY STATIC ELECTRICITY BY THE AUTHOR'S METHOD OF POTENTIAL ALTER-NATION.

BY S. H. MONELL, M. D., NEW YORK.

Letters to the writer from distant and minor centres of population indicate that telegraphers' paralysis is not confined to the press association offices of the large cities, and warrant the belief that sufficient interest is felt in this affection to make its successful treatment a matter of general importance.

Constant muscular strain, combined with highly co-ordinated and delicate movements, continued for long periods at a time, give rise to certain nervous disorders among writers and artisans which are essentially fatigue diseases and which are classed under the general head of "writers' cramp," without regard to the special occupation which caused the trouble. During the past twenty years the causation and nature of functional spasms and fatigue neuroses have received careful investigation, and while the symptoms of chronic fatigue are in large part peripheral in origin, it is admitted that they must generally be accompanied by changes in the central nervous system. Failure to recognize this important fact accounts for the usual failure of treatment directed solely to the affected hand and arm.

The invention of Morse in 1844 has proved a fertile source of writers' cramp for telegraph operators, especially those in large cities, who are more exposed to the causes which develop this disease than those who follow other trades. They are not only liable to contract the affection in transmitting messages, but also in receiving messages and writing them down. The work of a competent operator involves something like three to four thousand muscular contractions per hour. It is evident, however, that fatigue alone does not occasion writers'

cramp, there being necessary to its development an underlying condition, which constitutes a predisposing cause. Four factors come forward most prominently as predisposing causes: Nervous temperament, hereditary influence, tobacco and alcohol. To these should be added, as of even greater importance, the personal habits of the individual. The symptoms most frequently to be seen may be classified under five heads, viz.: 1, cramp or spasm; 2, paralysis; 3, tremor; 4, pain; 5, vaso-motor and trophic disturbances.

The course of the disability is in some cases slow; in others exceedingly rapid, and unless proper treatment is begun, the disease is progressive, although at times the symptoms apparently improve and give rise to false hopes of recovery.

It may be positively stated that when the early symptoms are neglected, and constant work is persevered in, the case will go on from bad to worse; and when cramp has existed for years and is present in many of the finer acts of coordination, it has progressed beyond the stage when rapid results from treatment may be expected.

The probability of the left hand escaping, should it be used to relieve the right, is slight, and for two excellent reasons: First. The same predisposition which favored the origin of the trouble in the right hand still exists. Second. The spinal centres for the two arms are so closely related that the morbid process may be easily conveyed from one to the other. The importance, therefore, of commencing appropriate and thorough treatment at the earliest possible period at the forming stage of the disease and before the onset of actual cramp can hardly be overestimated in cases where telegraphy or writing is the means of support, and a reduction or a loss of salary is the alternative.

Some idea of the extent to which this infirmity may develop in a single occupation may be gathered from the statement that the telegraph companies of the United States employ upwards of 30,000 operators, who transmitted last year more than 100,000,000 messages.

Rest in itself is powerless to cure this

form of paralysis, except in its very earliest stages, and many sufferers have found to their dismay after resting for months, and even years at a time, that the difficulty has reappeared upon resuming the accustomed work. Rest during treatment, however, is essential, and this leads to the consideration of the various plans of treatment. As might be supposed, drugs have proved of little use. Various surgical operations, stretching the nerves, severing the tendons, fixing the affected parts in plaster splint, have all proved unavailing. The most ambitious method was that proposed in 1875 by Wolf, a writing master of Germany, who visited this country about 1883, but whose success was not sufficient to render his stay permanent.

His method consisted of a combined employment of gymnastics and massage. Active gymnastics of the fingers was practiced by the patient 30 minutes at a time, repeated two or three times daily. Passive exercise was then done upon the hand by another person for the same length of time daily. Massage and percussion of the muscles was then performed about 20 minutes daily. Combined with this are peculiar lessons in finger movements, etc.

This method has obvious drawbacks, and has been little practiced in this country. Ingenious mechanical appliances have been employed to assist the hand, but their benefit can be temporary only. Electricity has appeared to present the most hopeful means of treatment, and later writers unite in recognizing its importance, owing to its remarkable power over all nerve functions, its efficiency in paralytic conditions and its well-known vitalizing properties. Here, however, we are confronted by a long list of cases in which even this agent has failed. Upon investigation we find explanations of this fact:

First. The selection and application of the wrong current.

Second. Improper methods of application.

It is hardly necessary to mention that the manner of "taking electricity" so often followed by individuals—viz., holding a pair of sponge handles in the palms of the hands—is unscientific and productive of no good.

The faradic current has been tried in many cases, and in the majority has failed, for in most instances it is the wrong current to apply. The rapidity of the contractions induced create still further exhaustion in muscles already suffering from fatigue, and the patient becomes rapidly worse. We again often find that treatment has been directed chiefly to the affected parts. We regard this as an error. You cannot push upon a string—it has no inherent power of resistance. An exhausted hand is like a limp and yielding string, and it cannot be pushed by local stimulation to renew efforts which are beyond its strength. In my own practice I pursue a radically different plan of treatment, and attack the disease not only at its central source, but throughout the general constitution of the patient. One

fact is plain—that any attempt to repair damage in the track of a storn, should go over the same path, and go over it from one end to the other. This is the principle that governs the writer's treatment of telegraphers' paralysis.

A grave defect of the faradic current as applied to this disease is that the contractions are too rapidly maintained. The constant current has hitherto been the chief reliance, but it lacks the capacity to exercise the peculiar function of muscle substance on which the power of movement depends. I have employed the galvanic current chiefly on account of its so-called refreshing action. For direct stimulation to the natural functions of the muscles of the affected arm, I rely upon the slowly interrupted static current, as originated and described by the present author in the "Times and Register" of September 9, 1893. My plan of treatment includes a general, thorough, constitutional and tonic action with both electricity and appropriate medication; the regulation of habits and diet, and removal of obvious causes of harm where any such exist. The direct and purely local treatment consists, in brief, of slowly repeated waves of muscular contraction, set in motion at the periphery and allowed to extend the entire length of the arm. Every muscle in the arm is equally influenced, and each contraction is permitted to entirely subside before another is inaugurated. No fatigue ensues, while an increase in strength and buoyancy follows the cautious and gradual increase in the length and vigor of the seance. Applications are made daily when practicable until a certain degree of improvement is effected, when they are continued three times a week. The similarity in principle between this method and that of Wolf is apparent only in the governing idea, there being in effect the greatest possible difference between the gymnastics and massage practiced upon the patient himself, or by the aid of an assistant, and the powerful action of the static machine. Success will depend upon the adaptation of the local treatment to the requirements of each case and the response of the general system to constitutional measures. It is a favorable indication that the patient feels a benefit immediately after each treatment.

Caution will be advisable at the commencement of each case to avoid overtaxing the fatigued muscles by too vigorous stimulation. Short sittings, with very slow and mild contractions, will be necessary at first. In all these cases the muscle will be found to react more slowly than normal, and it is only when the contractions become restored to a natural activity that improvement will make satisfactory progress.

The length of time to effect a cure cannot be stated in advance. It will depend quite as much upon the duration of the disability as upon its extent, and it should be considered that the general rule in the treatment of paralysis will apply here.

665 Lexington avenue.

Gynecology.

Under the Charge of F. S. Parsons, M. D.

MASSAGE IN STERILITY.

Bumm recommends massage under the following conditions:

1. Massage by bimanual palpation in cases in which sterility is due to displacements of the uterus, or where in consequence of a former labor there results a chronic inflammatory condition of the uterus or adnexa, preventing a second impregnation.

2. Where the semen is forced out of the vagina immediately after withdrawal, due to narrowness of the canal and an abdominal irritability of the pelvic muscles causing spontaneous contraction. The author has found that massage is particularly useful in such cases.

3. Dilatation and massage of the cervical endometrium by the introduction of steel sounds, which are rubbed up and down in the canal. The special indication of this treatment is the existence of thickening and hardening of the urethra with a diminution in its natural secretion. It is preferable to curettage or cauterization, which may result in a cicatricial formation instead of the formation of normal mucous membrane.

—Centralblatt für Gynäkologie.

PUERPERAL NEURITIS.

Lamy observes that three distinct forms of neuritis follow childbirth. First comes traumatic neuritis. In nearly every case the forceps was used.

The second form is puerperal neuritis by extension, that is, pelvic inflammation extending to nerves.

The third form is very interesting and more subtle in character; the nerves of the upper as well as the lower extremity become involved.

The disease is infectious; Mobius and Tulaud have recently shown that it is the homologue of the neuritis which follows erysipelas, typhoid, small-pox, and other diseases. It is a parenchymatous peripheral neuritis of infectious nature.

There is much clinical resemblance between infectious polyneuritis and acute central myelitis. When the upper extremity is attacked the median and ulnar nerves suffer most. Severe pain, which

soon subsides, is an early symptom. The lower extremity suffers very much as in alcoholic paralysis. Treatment must be left to the neurologist; puerperal neuritis usually ends in recovery of the affected muscles, but even when electricity is properly applied cure may not be complete till the end of two years.

—Arch. de Tocol. et de Gynec., Nov., 1893.

ACCIDENTAL DELIVERY ON THE SEAT OF A WATER CLOSET.

M. le Dr. Gabriel, of Liege, recently reported a most remarkable instance of delivery under a misadventure.

On the 28th of January he was called to attend a woman in the eighth month of pregnancy. On his arrival the cervix was dilatable and the bag of waters occupied the os; but the pains were feeble.

For three days she lingered, making little or no progress. On the morning of the 31st of January, at 6 o'clock, the os was no larger than a five-franc piece. The membranes had not yet ruptured. The presentation was normal.

The pains yet remaining very feeble, he left her room and she went to the garde-robe, or water closet, to have a motion, as she thought. But just before she did so the parts were examined again, when the head was found to have made little advance.

She was scarcely seated when she was seized with a violent pain and gave a loud scream. At that moment he heard a splash in the water.

Gabriel now insisted that she must rise from the seat, but she was obdurate and said that she could not, that she was yet in great pain.

After waiting about a minute she was forcibly raised, when her child was discovered with the head completely immersed in the water and apparently dead. The water was about 40 centimetres deep (16 inches), the cord was unbroken and the placenta intact. Artificial respiration restored life to the fetus, but it had a fatal hemorrhage from the nose in the afternoon and died in the evening.

(Annals de la Société Médico-Chirurgicale de Liege Revue de Thérapeutique.)

Miscellany.

THE LETTER OF THE LAW—SEQUEL OF A CELEBRATED CASE.

Rarely is such a measure of interest accorded a legal process by the pharmaceutical and medical world as was aroused some two and a half years ago by the famous *Nux Vomica* suits in the Atlantic Court of Common Pleas, New Jersey.

The plaintiff in both these cases was George W. McGuire, State Dairy Commissioner for New Jersey, and criminal action was brought by him against the two defendants * on the charge that each

* The defendants were Harry B. Leeds and Albert D. Cuskaden, druggists, and the expenses of the defense were borne by Parke, Davis & Co. had sold a quantity of tincture *nux vomica* which upon examination was found to contain less than two per cent. of dry extractive. The basis of the prosecution was an existing New Jersey statute, which enacted that any preparation shall be deemed to be adulterated if (when sold under or by a name recognized in the United States Pharmacopœia) it "differs from the standard of strength, quality, or purity laid down therein." And two per cent. extractive, as stated, was the standard of the U. S. P. at that time.

The evidence introduced developed the fact that the tincture had been prepared from normal liquid *nux vomica*, Parke, Davis & Co.; the plaintiff's witness testified that it contained 0.712 per cent. of dry extractive; and upon this the prosecution rested its charge of adulteration within the meaning of the statute, no attempt being made to establish the therapeutic inferiority of the disputed preparation, or any deficiency in the needful content of the all-important alkaloids.

Professors Remington, Hare, Rusby, Ryan, Marshall, Dr. Eccles, and the lamented Professor Bedford, all went upon the stand and declared with one voice that the active constituents of *nux vomica* are its two alkaloids, strychnine and brucine, alone; that the quantity of dry extractive forms no standard of strength, quality or purity, and may, indeed, be completely inert—without medicinal property or physiological action; that tinctures of *nux vomica* made, as was the one in question, from the normal liquid, are far more reliable than the tinctures on the market produced in exact accordance with the U. S. P. formula, since the former are of uniform alkaloidal strength, and the lat-

ter subject to extreme variations of medicinal potency; that the U. S. P. standard could be easily evaded by the addition of sufficient glucose to any inferior tincture; and, finally, that the Pharmacopœia of 1880 really offered no means of determining the "strength, quality or purity" of the tincture to which the name standard could with any propriety be applied, hence was virtually devoid of such standard.

Judge Reed, nevertheless, decided in the first case that such tinctures were adulterations within the meaning of the New Jersey statute, since the requirement of two per cent. dry extractive was not fulfilled! In the second case some misgivings must have begun to assail the judicial intellect, since the case still hangs suspended in the limbo of the undecided.

In the revised edition (1890) we are happy to observe a radical change in the requirements made of tincture *nux vomica*; it is no longer two per cent. of extractive, but rather 0.3 per cent. of total alkaloids—the identical alkaloidal content which the manufacturers of the normal liquid had long adopted as their own standard for the tincture. The new Pharmacopœia became a part of the New Jersey law on January 1, 1894, thus depriving the cases of all legal basis.

While we may now smile at the emphatic way in which time has rejected the decision of the New Jersey Court, it is obvious that its very absurdity from a medical and pharmacal point of view was not without a compensating benefit in promoting the adoption of a rational standard for this and a few other important preparations in the new Pharmacopœia. Inasmuch as five of the witnesses for the defendants were likewise members of the Revision Committee, the agitation imparted to the question of standardization by the *nux vomica* cases was unquestionably an active agent in the pharmacopœial changes thus far introduced—changes which, it is to be hoped, will be multiplied until every potent official remedy shall be provided with a standard which will guarantee a uniform medicinal action.

—Bulletin of Pharmacy, Jan., 1894.

The North American Practitioner has been disposed of by Mr. Truax, and is now under the exclusive control of the editor, Dr. John H. Hollister; with whom is associated Mr. J. Harrison White, who was also with Dr. Hollister when the latter edited the Journal of the American Medical Association. Under their capable hands the Practitioner shows the aspect of a clean, prosperous journal, of a high order of literary and scientific merit. Believing that the medical profession alone should publish its journals, I am glad to note the emancipation of one from trade ownership, however unobjectionable.

THE FACE AT THE WINDOW.

A little fact at the window;
Two little feet tiptoe;
Eyes open wide as they peer outside
In search of a form they know.

A face of weary wonder;
A little tongue all dumb,
While to and fro the people go,
But the right one doesn't come.

A little face transfigured;
A cry that is low and sweet,
And a merry laugh to telegraph
The joy to the tiny feet.

The face is gone from the window;
And, toddling over the floor,
He laughing goes, for the baby knows
That somebody's at the door.

SOCIETY ELECTIONS.

The Cincinnati Obstetrical Society at its regular annual meeting, held at the residence of Dr. R. B. Hall, elected the following officers for the ensuing year: President, Dr. T. P. White; vice president, Dr. R. B. Hall; secretary, Dr. E. S. McKee; corresponding secretary, Dr. W. D. Porter; treasurer, Dr. G. E. Jones. The society resolved to meet the first and fourth Thursdays in each month, instead of monthly, as formerly. Steps were also taken to secure a permanent place of meeting instead of meeting at the residences of members as formerly. The past year has been a very valuable one to the society.

HIGHER MEDICAL EDUCATION.

In pursuance of the policy recently announced in the resolution to be presented to the American Medical College Association, the trustees and faculty of Rush Medical College have decided to require four years' attendance at college from students who begin the study of medicine this year, with a view to graduation in 1898; however, those who have already studied medicine one year or more with a preceptor, so that the four years of study, already required, will be completed before July, 1897, may graduate after three courses of lectures as heretofore. To encourage proper preliminary study, graduates in arts and sciences from high grade colleges, and graduates in pharmacy and dentistry from colleges requiring a proper amount of study and two full courses of lectures will, until further notice, be allowed to graduate after an attendance on only three courses of lectures.

Prescriptions.

One gram equals 15 Troy grains.
One cubic centimeter, or fluid gram,
equals $\frac{1}{4}$ fluid drachm, (15 minims) approximately.

CYSTITIS.

	Grams.
R Iodoformi	8
Glycerine	15
Mucil. Acaciae	15
Aquae	ad 240

M. Rub up the iodoform with the mucilage, then add the glycerine and water.
Sig. First wash out bladder with a boric-acid solution, then inject 4 to 12 cc. (one to three teaspoonsful) of the above.
—Professor Bangs. Ex.

INFANTILE CONVULSIONS.

	Gram.
R Chloral. hydrat.	1
Potass. bromid.	aa 60
Syr. codein.	60
Tinct. moschl.	60
Tinct. aconit. rad.	aa 90
Aquae aurant. flor.	90

M. Sig. Teaspoonful doses or by enema if it cannot be taken by the mouth.
—El Siglo Medico.

HEART TONIC.

	Gram.
R Caffein. hydrochlor. ....	.6
Strychniae sulph. ....	.065
Ext. belladonnae. ....	.095
Fel. bovis insp. ....	.4
Ext. colocynth. comp.	4
Ext. aloes.	aa 2
Ext. taraxaci.	3

M. et fiant pil. No. xxx. Sig. One three times a day.
—The Medical Bulletin.

TOOTHACHE.

	Gram.
R Camphorae.	5
Chloral. hydrat.	aa 5
Cocain. hydrochlorat. ....	.1

M. This forms an oily mixture, a small quantity of which is placed within the cavity upon a piece of cotton.
—The Prescriptions.

A CARBONATED LAXATIVE.

	Gram.
R Sodii phosphat.	30
Aquae destil.	300
Syrup. simplicis.	60
Tinct. limonis.	155
Acid. citric.	aa 15
Sodii bicarbonat.	aa 15

M. S. Two table-spoonsful, or more, as required.
—Medical News.

FOR PRURITUS.

	Gram.
R Acid. carbolice.	6
Liq. potassae.	4
Olei lini.	ad 30

Ft. linimentum.
M. S. Apply with a soft cloth.

The Times and Register.

VOL. XXVII. No. 7. PHILADELPHIA, FEBRUARY 17, 1894. WHOLE No. 806.

Original.

A GLANCE AT THE MANAGEMENT OF CAPILLARY BRONCHITIS IN INFANTS.

BY DOUGLAS H. STEWART, M. D.,
NEW YORK, N. Y.

Physician to Harlem Dispensary.

Fatal capillary bronchitis is a disease of the two childhoods—the first and the second—infancy and old age, and apparently the results of the ordinary routine treatment are far from satisfactory.

The usual history as left by the messenger, who usually comes tardily, hastily and peremptorily, is first, the child has only “taken cold;” therefore it was not thought necessary to send for the doctor. Second, the child has grown much worse and now the doctor must come. Third, the child cannot breathe or cough and the doctor must hurry as fast as he can.

The clinical changes which have taken place are, first, the child has acquired an acute bronchitis; second, this has extended from the larger bronchi into the smaller, and third, the capillary bronchi being so small the secretion forms a multitude of ball-valves by means of which the air is pumped out of certain parts of the lung and they collapse.

The obstruction to the entrance of air is enough to cut off from oxygen sufficient lung to cause great dyspnoea and cyanosis. In fact, suffocation seems imminent.

My experience has been that a diagnosis of capillary bronchitis has conveyed such a false security to the minds of parents, who commonly imagine any bronchitis to be a simple affair, that they have even taken the invalid out of doors to see if the fresh air would not revive him, and they have been surprised and somewhat resentful at the result, for, of course, the blame comes home to the physician who called the illness bronchitis.

Now I am using the term “suffocative catarrh” and find more vigilance and

care in the execution of my orders if—when asked or pressed for a definite prognosis—I state that it is but “a step from this disease to a very serious form of pneumonia,” viz.: broncho-pneumonia.

If you use the term bronchitis to the laity and your patient does not improve rapidly you may find an old woman applying onion or cow-dung poultices or dosing your patient with “Hive Syrup” until the child is so weakened that death from exhaustion is assured. Oftentimes in rural districts you may hear that “cow-dung is very good for such things, and if it had only been put on early enough the child might have been saved”—yea, and that John Jones Smith's child had bronchitis and only the old “doctor-woman” in attendance, but it got well on cow-dung and onions—these and horse urine will raise the dead.

With “suffocative catarrh” I find matters quite serene; the meddlers for the most part content themselves with looking wise and saying that it is a very dangerous disease, or sniffing and ejaculating that they never heard of it. But the result is the same—my patient is let alone.

We were formerly taught to regard the subcrepitant rale as the diagnostic feature, but we know now that it mostly appears when the secretion becomes more abundant, and when I have a case of bronchitis with dyspnoea and epigastric sinking during inspiration, a temperature of 102 or over I always give an opinion decidedly leaning towards suffocative catarrh, and have never yet failed to find the subcrepitant rales in three or four days.

It has proved good policy—when called during the first or dry stage of the disease—to tell the relatives that these patients are generally worse when the disease begins to “break up.”

This is true, because as the secretion becomes more profuse more valves are formed, and the air in the bronchioles and vesicles is more rarified.

The parents often wonder at the bitter crying or attempts at crying, but as there is a very considerable pain along the back of the sternum, and soreness at the insertion of the muscles from the strain of coughing and breathing, this will account for it satisfactorily.

Should a capillary bronchitis present an irregular temperature, sometimes high, sometimes low, and a duration of severe symptoms of above, ten days, it is well to inquire into emaciation, sweat and diarrhœa, as it has often happened that acute miliary tuberculosis has been mistaken for a much shorter and less fatal affection.

It will be easily understood from the ball-valve explanation why we have less difficulty in breathing in broncho-pneumonia than in capillary bronchitis. The inflammation being chiefly in the bronchioles and vesicles there is less of the lung cut off—from air—en masse. In a city water supply system, for example, the stoppage of a few large mains may close all the small ones, but the closure of many small ones does not cripple the whole.

Or suppose we have a number of bladders attached to, and communicating with a common blow-pipe. If one or two of them be filled with glue and thus cut off from a blast of air blown into the pipe the others expand doubly and perform the work of the occluded ones, and we can force as much air in as before. This, too, while some of the bladders hold much more than is necessary to keep out air from all if the glue were put directly into the mouth of the blow-pipe.

Thus we may have a bronchus communicating with many bronchioles and vesicles, and the whole be cut off by a small plug of mucus. On the other hand, we may have many vesicles occluded, but the sound ones do double duty.

The treatment has for many years been emetics and ammon. carbonat. and ammon. chlor. Of the emetics syrup of Ipecac is time-honored and deservedly so; but have you never ordered this valuable remedy and on returning found your patient worse, and not a sign of vomiting? My experience of this preparation as made or kept in the average apothecary shop is far from comforting, one-half a teaspoonful of one sample acting as an emetic while a teaspoonful of another only made the little child nauseated and depressed.

It has seemed wise to me not to tell the nurse what I was giving at all, but to order *Syr. Ipecac*, two ounces, a teaspoonful to be given every twenty minutes until vomiting or purging; then stop, and I have generally gone back to smiling faces, instead of solemn remarks about the medicine not acting. Whatever is given in excess of the requirements will be either vomited or purged.

Children under 3 years of age do not expectorate, but we often notice quite an amount of mucus or muco-pus unloaded from the bowels. The mother will often make an anxious complaint that the child does not "raise anything," but a prompt statement that little children never do, and an exhibition of the slimy passages contained in the diaper, will go far to reassure her both as to her fears and your knowledge of the case.

An emetic—*Syr. Ipecac*, without squills—to begin with, and given once, twice or more daily, if your patient can stand it, is good routine treatment; but if you use an emetic at all be sure you produce your effect.

Aconite I shun, as well as all other depressing agents. Turpeth mineral I once was so unfortunate with that I have never repeated it. In fact, I can find nothing after going through the list so good as the ipecac, given in large enough doses, and its relaxing effects on the mucus membranes are too well known to need comment.

The ammonium compounds I have discarded—as the only real effect I could ever find from them in the acute stage was that they made my patient sick "at the stomach." Of course, I am a heretic, and deserve boiling in oil for such a statement when all the prominent physicians of the early part of this century set the seal of approval on the chloride and carbonate—still, this is a clinical paper, and I can only give the results of experience, and not of a diffusible, stimulant, expectorant theory, and, after using them till you have lost many cases, face about and give one teaspoonful every hour of the *Liq. Potassae Citratis* or *Mist. Pot. Citratis*—a simple refrigerent diuretic—agreeable to child, lowering the temperature and having a most soothing effect on any acute inflammation.

Let the expectorants alone. They only increase the activity and congestion of the mucus membrane.

As has been previously stated, the patient grows worse with increasing secretion because the bronchioles are too small to contain the mucus already here. In fact if the disease would only stay in its dry stage there would be little dyspnoea. The less secretion the better prognosis.

Externally, if the patient is strong, flaxseed poultices; if weak, no poulticing at all—but turpentine "liniment" rubbed in thoroughly every three hours, from the chin to the pubes in front and from neck to coccyx behind.

My patients have all their clothing removed; the bandage, generally worn since birth, especially. Have the abdomen free—this is the first commandment. Then a loose cotton or muslin night-gown put on, and over this a blanket—all very loose—pinned at the neck and down the front, if necessary, with large safety pins. Don't put the patient next the blanket; some skins will not stand wool next them.

The sick room should be kept at 75 degrees—a thermometer is indispensable. On a stove, or over an alcohol flame boiling water, and into the kettle a teaspoonful of turpentine poured on the steaming water every hour, so that the case is constantly in an atmosphere of steam and the steam carries minute particles of turpentine.

Should a case prove a bad one or not making the progress I could wish, the blanket is opened and handkerchiefs wet with dilute alcohol or whisky, is spread over the chest and abdomen every fifteen minutes.

The parents will not permit cold water packing, because they fear the child will "take cold." Alcohol or whiskey is quite a different thing in their eyes from water, and they know that heat destroys the strength and virtue of spirits, and they approve of spirits, externally at least, if not in every other way; therefore, they will usually gladly second cold liquor compresses.

Keep up the packing until you find a very decided improvement—as you will if it is not too late. An improvement in breathing, in cyanosis and in dyspnoea, and a fall of from $\frac{1}{2}$ to 1 degree in rectal temperature.

Then rub the child well with dry towels and replace blanket and gown.

Should any signs of collapse appear, dry heat or a hot bag will offset them.

The alcohol or whisky acts in four

ways. First some is absorbed by skin and breathed in as a vapor. This stimulates. Second, the reaction from the cold brings the blood to the surface and away from the lungs. This relieves congestion. Third, the cold stimulates the heart and makes the patient take deeper inspirations. Fourth, it lowers the temperature.

After this I give from 10 to 20 minims hourly of peroxide of hydrogen in the following non-oxidizable mixture:

R Marchand's So.
Hydrogen Peroxide, drachms, 5 to 10, according to age.
ounce.
Glycerine..... 1
Aq. q. s. ad..... 4
M. Sig.—One teaspoonful every hour, as directed.

This is supposed to supply some of the lacking oxygen to the blood and it does seem, from its effect, as if the stomach did take it up.

It will be noticed that I have written "Marchand's Solution"—well, if you have used any other kind for this purpose, I am sure you don't need my arguments to convince you that you were disappointed. Also please remark that there is nothing to spoil the peroxide in the above mixture.

In conclusion watch the urine carefully, especially look out for suppression. You will scarcely find it when giving Pot. Citratis—otherwise you may, and when you relieve the suppressed urine you will often relieve the dyspnoea.

After the fever is nearly or quite gone and the cough only is left I generally start my expectorants and have found the following commonplace mixture serve me well—combined with our old standby Ol. Morrhuæ Emulsion q. s. ad. lib.

grains.
R Ammon Carb..... 20
drachms.
Vin. Ipecac..... 1
Syr. Senegae..... 1
Glycerine.....
Vini Xerici.....aa. 4
ounces.
Syr. Tolu..... 1
Aq. q. s. ad..... 4
M. Sig.—A teaspoonful every 2 or 3 hours until cough is relieved.

ounces.
R Syr. Hypophos. Co..... 2
Syr. Calc. Lactophos..... 2
M. et Sig.—A teaspoonful four times a day until relieved.

AN IMPROVED CREOSOTE PREPARATION IN THE TREATMENT OF PULMONARY DISEASE.

BY WILLIAM S. GATTHEIL, M. D.,

Physician to Lebanon Hospital, New York, N. Y.

In the treatment of tuberculosis and tubercular diseases, creosote and its combinations stand pre-eminent. The classical experiments of Burlureaux, Sommerbrodt, Bouchard and others have proved its immense value beyond peradventure.

From the start, however, the experimenters were confronted with one great practical difficulty—creosote is irritating, even in small doses; and very large doses were found necessary if the desired effect was to be obtained.

The stomach soon rebelled against half-ounce doses. The rectum bore creosote injections for a short time, and then refused further service. Hypodermatic injections were resorted to, with indubitably good results, but its technique was so complicated as to almost place it outside the range of practical therapeutics; at all events in private practice.

The oily solution of creosote must be introduced with extreme slowness into the subcutaneous connective tissue; and the automatic injector and two hours of time is required for the injection of 50 to 75 grains of the creosote.

Thus we were in the unfortunate position of seeing our patients improved up to a certain point, and in need of more of the remedy, and yet unable to take it.

Luckily chemistry has come to our aid, and has given us combinations of creosote that are less irritating than the drug itself, and just as effective upon the disease process.

There are several such combinations now at our disposal, but the only one with which I have had experience is the carbonate of creosote. This combination was discovered in 1891 in the Von Heyden Laboratory at Rodebeul.

Creosote carbonate is a syrupy, golden liquid, more or less thick in accordance with its temperature. It tastes and smells but very slightly, indeed, of creosote; yet it contains 92 per cent. of that drug.

So little repugnance do patients show to its taste that they take it like cod-liver oil, by the spoonful. I have not found it necessary, as recommended by Chaumier, Triaire and others, to put it in capsules, or administer it in the form of an emulsion.

Creosote carbonate is largely eliminated by the kidneys; it can always be found in large quantities in the urine whilst it is being administered. But some of it passes off by the lungs, and its odor is perceptible in the breath.

Yet none of the few cases in which I used the drug in large doses was there nausea or vomiting or any trouble with the stomach or intestines. In every case there was improvement of the appetite and strength, diminution of the cough, and increase of the body weight.

CASE I.—K. M. Aet. 30. Single.

The patient has been under treatment and close observation for a long time, being of a weak and sickly disposition. Without there being anything positively wrong with any of the internal organs, the patient has been anaemic and delicate, and has suffered several times each year from violent attacks of gastric catarrh, some of which have confined her for weeks to her bed. Last winter her persistent ill-health and progressive emaciation led her to make a careful physical examination again. It revealed moderate consolidation at both apices.

The condition of the patient's stomach was such as to make treatment a matter of difficulty. All the ordinary expectorants, terebene and creosote in various forms proved too irritating. They all had to be stopped in a day or so, on account of the gastric intolerance. Anorexia, nausea and vomiting, and diarrhea, were at once set up.

During the spring and summer the general irritation improved, but the paroxysmal cough was extremely troublesome. Several attacks would occur in twenty-four hours; and a single attack often lasted, according to the patient's statement, more than half an hour. Recourse was finally had to morphine, as about the only thing that would affect the cough; with all its disadvantages, it had to be employed—and the patient was kept fairly comfortable.

In November, '93, my attention was first called to the creosote carbonate of Van Heyden. I was at first sceptical as to its advantages over other forms of creosote, which, as I have said, had been unsuccessfully tried. Nevertheless, in de-

spair at the growing inefficacy of the morphine in the small doses in which alone I felt free to use it, and at the renewed beginning emaciation and gastric troubles of the patient, I put her on the new preparation in the dose of half a drachm three times a day, taken plain. At the same time the sedative cough mixture was stopped, and all other treatment suspended.

When I saw the patient two weeks later, she was enthusiastic in her praise of the creosote carbonate. It had not affected her stomach at all; in fact, she had less nausea and more appetite than for months past. As regards its effect on the cough paroxysms, she says that it is far superior to her old (morphine) mixture. The spells have been remarkably few, and of short duration. The evening dose almost always keeps her quiet during the night.

I saw the patient at intervals during the next two months, and the good effect of the creosote still continues. She coughs still—but less often and less long and less severely than she has for many months. Her appetite is fair; nausea has hardly been present at all. But best and most important of all, she has gained three pounds in weight; and this during the winter season, during which, in previous years, she had steadily and continuously lost ground.

She is still taking the creosote carbonate, and I propose to keep her on it throughout the entire spring.

CASE II.—This was a young married woman, aged about 33, and the mother of two children. Of spare build and nervous temperament, her family history is such as to render anything of the nature of a chronic bronchial or pulmonary affection occurring in her a source of great anxiety to her medical attendant. Her mother died of some unknown lung trouble; two sisters have died of consumption, and a third is in delicate health, and, though I have never seen her, the description of her case leads me to suspect the existence of chronic pulmonary disease.

When, therefore, she came to this winter with a history of general malaise, want of strength and ambition, loss of appetite and flesh, together with a persistent cough, I naturally regarded the case as a serious one. Examination revealed marked emaciation, and the patient admitted having lost at least seven pounds since last summer. Cogwheel breathing and moist rales were

present at both apices, and were very audible both back and front.

I explained to her the frailty of her constitution, in view of the probable hereditary weakness of her pulmonary organs. Besides regimen, clothing, bath, etc., I used but one drug—the creosote carbonate of Von Heyden, and that she has been taking steadily from that time to this.

Its effect has been all that could be desired. The cough has diminished, and the apex catarrh has almost gone. Her general condition has improved so markedly that all her friends have remarked it. The tiredness, malaise and inability to work have gradually lessened. Sleep is better, since no longer disturbed by the cough. There has been a slow but certain increase of weight, amounting to a little less than half a pound a week. She is at this moment in about the same condition that she was last winter.

CASE III.—The last case is one of a man of 44 years of age, a chronic sufferer from catarrhal pharyngo-laryngitis. He was sick all last summer, though not under my care. I am unable to make out the exact nature of his former illness; but it was marked by coughing, slight expectoration, general weakness and loss of weight. No history of fever, night sweats, etc.

Examination reveals considerable emaciation, and the patient admits having lost 10 pounds during the summer. His former weight was 150; now it is less than 140. Pulse, 97; respiration, 20; temperature (oral), 99½. There is marked dullness at the right apex, with retraction and bronchial breathing. A few moist rales.

Treatment was not very effectual until he was taking creosote carbonate in three drachm doses daily. His weight slowly increased; his coughing spells became less severe. At the present time he has been taking creosote carbonate for about one month.

The result in this case has not been as marked as in the other two; but the patient has improved. His weight now is 143 and, whilst the physical signs are practically unaltered, his general condition is better.

The uniformity of these results is proof conclusive to my mind of the absolutely non-irritating nature of the creosote carbonate of Von Heyden. In Cases I and II the patients themselves realized, and in a very short time, the benefit that they were deriving from the creosote carbonate, and they would not have permitted me to make any change in the treatment. Case I was one of marked gastro-intestinal weakness, and here the creosote achieved its greatest triumph.

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PHILADELPHIA, FEBRUARY 17, 1894.

CANCER OF THE OESOPHAGUS.

Malignant disease of the oesophagus is practically a masculine infirmity. It always pursues a steadily fatal course, and invariably kills by starvation, unless the patient be cut off by some intercurrent malady.

The patient may have a ravenous appetite, but the portal to the stomach is so closed that no solid food can enter. Some days deglutition is possible; while on others, swallowing of everything is quite difficult or impossible.

It is curious to notice that the canal never is so completely closed that nothing can pass into the stomach, and that there are some things which can be swallowed with ease, while others are rejected.

What shall be the treatment of the cases, in view of our knowledge of their history?

Modern surgery has promised much for their relief; however, it remains an open question whether, on the whole, these gastrotomies prolong life or even afford relief commensurate with the great danger always attending their performance.

Opium and alcohol tend to buoy up the drooping spirits of the unfortunate until death comes to relieve the misery.

HEALTHY BLOOD.

In an article in "The Sanitary Era," under the title of "Hematherapy," the importance of establishing healthy blood in disease is at length discussed. This is a point that has been maintained so long as medicine has had any foundation whatever. The difficulty has been to find anything that would take the place of blood in its important function of maintaining life. While the article in "The Sanitary Era" is written in behalf of an excellent food product, extracted from bovine blood, called "Bovinine," there are many points regarding the treatment of disease by establishing such relative proportions of the blood elements as are found in health, which are well taken.

Obviously, healthy blood will induce a healthy growth of tissue, as we all know the latter depends upon the former for its vitality; but, on the other hand, can healthy, new blood, and we now intend transfusion, alone bring out of the diseased a renewed and reorganized structure? If so, let us establish new methods of procedure and devise some operation whereby animal blood, or some equivalent in chemical and physiological composition, can be continuously introduced into the organism through the capillary system until all vestige of diseased blood is removed. In other words, irrigate the vascular system.

This may seem like courting the impossible, but it is to be considered, in the light of the present progress of medicine and surgery, that we may expect nothing short of the marvelous.

If the phagocytic function of the leucocytes is to be accepted as a sound theory, and facts seem to bear out this assertion, there seems, also, to be good ground for believing that in the future we shall be taught a method of establishing sufficient leucocytes in the blood to counteract all injurious advances from the exterior bacteric world.

We see and hear a great deal about "animal extracts," "thyroid juices" and elixirs of life of late, and are asked to believe a great many impracticable things, not to say dangerous, so that we are led to ask whether it is a love for true scientific advancement that now pervades the medical mind, or a desire for fame and a few almighty dollars.

MEDICAL JOURNAL STATISTICS.

We are pleased to note that some of our esteemed contemporaries, notably "The Journal of the American Medical Association" and "The New York Medical Record," have been indulging in a little controversy as to the superiority in the number of words contained in these respective weeklies.

Strange as it may seem, this affords "The Times and Register" an unlooked-for opportunity to compare very favorable notes, and take issue with our most excellent exchanges, the above-mentioned journals, upon this very question, if a money value is placed on the quantity of words.

In the February 3d issue of The Journal of the A. M. A. it is claimed that the January 20th issue of the same journal contained 47,520 words. This, if taken as a weekly average, which is also claimed, would make a yearly total of 2,471,040 words in 52 issues.

It is also stated in this journal that the January 20th issue of the New York Medical Record printed 44,800 words, which, if taken as a weekly average, would amount to 2,329,600 words in 52 issues for the latter journal.

For these totals of words the respective journal's subscribers pay \$5 a year, which, if figured on a basis of equivalents, amounts to 494,208 words for every dollar paid to the Journal of the A. M. A., and 465,920 words for every dollar paid the New York Medical Record.

The "Times and Register" prints, weekly, 16 pages of leaded minion type, which runs an average of 800 words to the page, or 12,800 words an issue. This amounts to a total of 665,600 words a year of 52 issues, or from 170,000 to 200,000 more words per dollar paid "The Times and Register" than the above medical weeklies, respectively: "The T. and R." being but \$1 a year.

While it may be pleasing to take account of stock in this way, it ought not to be the prime requisite of a medical journal to print a greater number of words than some other. Quality in place of quantity should be the maxim, and we only assert that a physician should find in "The Times and Register" many times the worth of the price of subscription, as doubtless the subscribers of the Chicago and New York journals also find from these.

We acknowledge the superior size of

our above-mentioned contemporaries, but, when the boys gather around the corner to narrate their marvelous exploits, we like to be there, too, for sometimes it is the little fellow who has the biggest story.

A GOOD IDEA.

The American and Continental "Sanitas" Company are introducing an excellent sulphur fumigating candle for fumigating rooms. The sulphur is run into a tin dish, which is soldered into another similar but larger pan destined to contain water. The sulphur is ignited by means of a gauze wick, and the candle will burn for about three hours. This is a great convenience, and will save much trouble in looking up old pots and kettles to burn sulphur in for the disinfection of rooms.

Correspondence.

DIPHATHERINE IN DIPHThERIA.

Sir:—In reading the article of Dr. P. Byron Anton, of Chicago, on diphtheria. I was very much impressed with the fact that he knows so little about the pathological conditions and physiological action of medicines in infectious diseases.

I venture to say that Dr. Anton will get the same results if he uses all the treatment he describes and leaves the so-called "Diphtherine" out entirely.

I also venture the assertion that no topical application will remove the cause or cure malignant diphtheria.

The throat symptoms are a result, a fruit of the disease, and the cause is back of the throat trouble.

I will also venture to say that with hydrargyri chloridum mite administered in purgative doses the first day or two and a topical application of lemon juice or a gargle of a sat. sol. of potash chlorate will accomplish all that is to be desired in the treatment of diphtheria.

To give some weight to my assertions I will testify that with the mineral part of the treatment properly administered in connection with other treatment suggested by the complications of diphtheritic cases, I have not lost a single case in 24 years of general practice.

The mercury, gentlemen, does the work, and "don't forget it," nor be afraid of it. I have given one case—a boy, 10 years of age—as much as one to one and a half drachms of hydrargyri chloridum mite, all inside of seven days, doing no harm and saving his life. It seemed impossible to get his secretions

to act, and the excretions removed from the alimentary canal, which is absolutely necessary to remove the cause.

No; what is done in malignant diphtheria must be done the first 24 to 48 hours, or little can be done in the majority of cases.

What causes the diphtheritic deposit in the throat and fauces? I answer a vitiated chyle, produced by fermentation, and decomposition in the duodenum; in fact, the chyme is not all separated in the "second stomach," and as a result the lungs are called upon to eliminate secretions and excretions by exhilaration.

This noxious carbonaceous and poisonous gas exhaled is what fertilizes the mucous soil of the throat, larynx, pharynx and fauces, and a development of the diphtheria germs so rapidly; so I insist that the deposit in the throat is caused by exhilaration from the blood and not directly from the stomach, as some authors claim.

The proper thing to do, then, is to remove the cause by supplying the duodenum and the whole alimentary canal as soon as possible.

A good size dose of the mild mineral should at once be given, say 10 to 20 grains to an adult; 5 to 10 grains to children, repeated every 4 to 6 hours until free purgation is the result.

Generally one or two decided doses will suffice, however. Don't fear to give it freely and frequently, especially if your patient is a child under 10 to 15 years, and the temperature is high and there is a tendency on the part of the patient to much stupor.

As soon as the alimentary canal is emptied well and the secretions acting, the temperature will immediately fall and the patches in the throat diminish in proportion as the cause is removed from the alimentary canal.

I desire to say in conclusion that I believe that the mercurial part of Dr. Anton's treatment does the work attributed to the "diphtherine."

To relieve the pain in the throat and fauces I prefer "firinol" manufactured by W. C. Downly & Company, Washington, D. C. Doctors Hyatt, Gardner and other prominent physicians in this city prefer firinol in the topical treatment of muco-nasal, pharyngeal and laryngeal affections.

Firinol is composed of the following ingredients: Benzo boro-phenic acid, combined with the medical properties of pine, cubebs, thyme, eucalyptus and mint, held in solution by a chemically pure oil of petroleum.

I would not like to use "diphtherine" as a topical application in any mucous or ulcer trouble, not knowing its "make up."

I desire to add that I consider it almost a crime to lose a case of diphtheria, scarlet fever, typhoid fever, or, in fact, any infectious disease—unless complicated—with all the improved methods of treatment at our command.

Respectfully,

N. B. SHADE, M. D.

Washington, D. C.

DIPHATHERINE.

Sir: The T. and R. of the 3d inst. at hand. Thanks for extra copies.

In reply would say I did not know you wanted the composition of the so-called "Diphtherine" or I would have given it to you. This is the formula as I find it on the label: Hyd. Chlor., con. Acid Carbol., Iodoform, Acid Boracic, Acid Lactic, Pepsin, Ether. I can give my word that the 210 cases that I treated were true diphtheria—for my part, I think diphtheria very easy to diagnose—the disease is nearly always well developed before the physician is called; the membrane is very characteristic; I could not be mistaken. I have treated follicular tonsillitis with the same remedy with the same good results as in diphtheria.

P. BYRON ANTON, M. D.
429 Garfield Boul., Chicago.

Book Notes.

ATLAS OF CLINICAL MEDICINE. Vol. 2, Part 3. Byrom Bramwell, M. D., F. R. C. P., F. R. S., Edinburgh: Published by T. and A. Constable at the University Press.

This is a large atlas work with excellent plates appended. It opens with a chapter on exophthalmic goitre, following which is an interesting chapter on acromegaly, enlarged extremities, which is a rare disease, first described by Marie, of France, in 1885. The plates appended to these chapters are very good illustrations of the important point of each.

A consideration is then given general exfoliative epidemic dermatitis, accompanied by two colored plates of excellent representation.

There are also appended plates on unilateral hypertrophy of the face, and old age, the latter colored with atinting that is much more natural than is generally observed in these colored representations.

PROSPECTUS OF A STANDARD DICTIONARY OF THE ENGLISH LANGUAGE. Published by Funk and Wagnalls Co., New York.

A two-volume edition of this work was begun some four years ago; the first volume has appeared recently. The dictionary is intended to cover words of all branches of science, and contains the most recent new words of any dictionary now published. Some of the most prominent medical men of the day are on its editorial staff.

BOOKS AND PAMPHLETS RECEIVED.
ESTABLISHING A NEW METHOD OF ARTIFICIAL RESPIRATION IN ASPHYXIA NEONATORUM. By J. Harvie Dew, M. D., New York.

Bureau of Information.

Under the Charge of W. F. WAUGH, A. M., M. D., Chicago, 834 Opera House Block.

OBESITY.

Appreciating the many articles from your pen in the medical journals I write to ask you to suggest something that will relieve my condition. I am suffering from obesity and my weight has increased in four years 32 pounds, and I lead an active life of a country practitioner; my liver is regular, one stool per day; kidney over active, urine perfectly clear and no trace of albumin or sugar; but I have an awful thirst and a good appetite, and I sometimes think I indulge the latter too freely. I now weigh 198 pounds, and want to pull off about 30 pounds. Am temperate in my habits, sleep well, do not drink, smoke or chew tobacco, have tried phytolline and the famous obesity specialist, Dr. Snyder, of Chicago, without any result except phytolline, which reduced me 10 pounds, and I increased after second month, while taking the medicine.

J. S. Y.

(Take no water or other fluid at any time, except one cup of any desired hot drink, just before rising from the table. Use no liquids while eating. Avoid sugar, nuts and pastry. Eat nothing between meals. Confine the diet to lean beef, mutton, chicken, turkey, fish, eggs, or oysters, with one slice of stale bread well dipped; the bulk of the meal being of tomatoes, celery, spinach, turnips, cabbage leaf, but not the fleshy midrib, and fresh or dried fruits, cooked without sugar; such as apples, peaches, plums, pears, prunes, prunellas. A little cheese is permissible; coffee, tea, skimmed milk or buttermilk, after eating, as stated. Exercise should be taken, running being most effectual, before breakfast or before going to bed.

W. F. W.)

ADENITIS.

I have a patient who has enlargement and induration of the submaxillary, post-auricular and occipital lymphatic glands of about two years' standing. She is 65 years of age, of good family history, so far as I could obtain, and has always enjoyed comparatively good health. Her general health is very good at present. Weighs about 180 or 190

pounds. The enlargement was first noticed during an attack of intermittent fever two years ago. It is considerably worse during the winter months, especially if she "takes cold," and sometimes interferes with breathing and digestion. She only recently came under my observation, having been treated in the meantime by two other physicians without any apparent benefit.

Please advise me as to treatment and oblige. J. H. C.

(Be sure it is not cancer first. Then look to see if one gland has not suppurated, or if some point of suppuration is not present to keep up the glandular irritation. I have treated a cluster of enlarged glands without success, until I removed one that had suppurated, when all the rest yielded to medicinal treatment. The best local application is phytolacca, and this is best applied in the form of a soft extract made from the fresh root. Internally, phytolacca and iodide of iron should also be given, in full doses. The use of electrolysis is advisable if the above remedies prove unavailing; but persistence will usually bring about a cure. If the spleen is also enlarged, I would add to this treatment the administration of ext. cinchona, gr. xxx daily.

W. F. W.

TIC DOULOUREUX.

Be so kind as to give me your treatment for Tic Douloureux, with a tender point over the malar bone. It is not dental, as she has had all her teeth extracted. She has no renal disease or malaria. Would electricity be good?

(Persistent pain or tenderness indicates structural changes in the nerve or its surroundings, by which the nerve is interfered with in its course through the bony canals or foramina. This requires surgical relief. Blisters over the tender spots, with mercury and iodine internally, pushed to the verge of toleration, are the only other remedial measures for such a state of things. For neuralgic pain, the constant current, injections of osmic acid or theine as near the nerve as possible, and phosphorus, strychnine, arsenic, quinine and Vallet's mass, all in full doses internally, are the best remedies. The severer methods of counter-irritation, cauterization, moxæ, etc., possess no real advantage over the blister.

W. F. W.

BLADDER TROUBLES.

Having just received your Manual, I find there is a Bureau of Information under your charge. I avail myself of the opportunity to present a case which gives me a great deal of trouble. A lady, about thirty-five years old, married twelve months, was confined five weeks ago: the head presented, which was so large that I had to use the forceps. Eight hours after the child was born the mother passed half pint of urine. The next day she suffered with incontinence of urine. Two days after she held her urine five or six hours, and then passed more than a half-pint at one time. Since that she has had no control over her urine, which is constantly flowing, keeping her wet. She has no desire to empty her bladder. The next day after her confinement she nearly lost the use of her lower limbs, but after using stimulating liniments she recovered, and is now going about the house comparatively well, with the exception of the bladder trouble. I have given ergot and nuxvomica without any benefit. I would be very thankful for anything you would suggest for her relief.

JOHN COLLINS, South River, Md.

(First examine to see if a vesicovaginal fistula has been formed. If not, give strychnine, beginning at gr. 1-40, three times a day, and gradually increase till she is better or else decided signs of strychnine poisoning are manifested. Cantharides in small doses may be also given, but carefully, as this drug easily irritates the bladder. If no improvement results, electricity must be employed to restore the functions of the vesical sphincter. Paralysis of this, or of the detrusor, is not uncommon after delivery, when the head is large and forceps used.

W. F. W.)

NEURASTHENIA.

Please advise me on the following case in the Bureau of Information in "Times and Register:"

Mrs. S., aet. 28, brunette, short in stature, well formed, and of good family history, presents the following train of symptoms:

Two years ago she worked very hard

for two days, when all at once she felt as if her heart had stopped beating: her throat and lungs felt full, her arms numb, and a severe pain in the occiput. Under nerve stimulants, combined with heart tonics, she improved for one year, so she was enabled to ride out some.

At this time she visited a gynecologist, who said her trouble was all due to endometritis. Under his care she improved for a time up to a certain point, when she visited and placed herself under the care of a second specialist of diseases of women. Under his care she made no permanent improvement.

She now presents the following symptoms: Menses normal, except a little tardy; bowels, stomach and other organs normal; heart sounds regular, eyes unable to stand much strain without aching. On least exertion a pricking, and at the same time a helpless sensation is felt in the hands and forearms. A small amount of exercise brings on a helpless feeling in all the limbs. Some hysterical symptoms of crying, despondency, etc., but slight. Tongue clean, appetite good.

Sexual desires lost and repugnant. She has had electricity, valerian, strychnia without apparent help. No spinal tenderness can be found. I might add, as a help in diagnosing, that she was at the bedside of a sister who died with spinal disease, and felt assured she would die likewise.

S. S.

(I consider this a case of neurasthenia, with possibly a hysteric element. Indeed, I do not see how so neurasthenic a case could help being hysteric. My treatment would be the Weir Mitchell "rest" as a basis, with careful feeding and such other remedial methods as would be indicated by her condition. I have so many times to use these words that my readers must get tired hearing them, but I get more and more to prescribe for the individual and less for the disease. Exercise and the return to the duties of life should be allowed with great caution. As a tonic, the hypophosphites of strychnine and lime should be of service. Galvanism, faradism and massage may be indicated, but this can only be said after an examination of the nervous condition by the use of both currents.

W. F. W.)

Surgery.

Under the charge of T. H. MANLEY, M. D., New York.

THE SURGICAL TREATMENT OF HYPERTROPHIED PROSTATE.

Hypertrophy of the prostate is an infirmity in the aged of the male sex, which is a source of great distress and misery when excessive and allowed to go untreated.

The site of enlargement is most frequently in the middle lobe; the third, as it is sometimes called.

Pathologically, it consists in an interstitial hypertrophy of the cellular elements, which later undergo fibrinous changes, condensation and hardening.

When it has a narrow stalk or pedicle, this rises and falls with the urinary tide, and acts as a ball-valve, in blocking the urethral opening in such a manner, that when one attempts micturition, the more straining applied, the closer does the pendulous mass contract the urethral opening; and thus urination is always difficult, residual wind remains in the bladder, decomposition sets in, cystitis follows, and infection may extend along the ureters to the kidneys.

Now, there have been of late years two principal measures of treatment for this unfortunate condition.

One has been, the tenative, and the older, and the other the modern or radical.

The former consisted of constitutional medication and the systematical employment of the catheter by the patient himself.

When the antiseptic wave swept over the profession, radical measures were almost at once applied to all those vesicular troubles caused by an enlarged prostate. The thing was gouged out, tunneled, burned with the galvano-cautery, or amputated.

It was commonly reached by two routes, either the perineal or supra-pubic, the latter being the most popular.

In the majority of cases, the latter class has been followed by unsatisfactory results. The mortality attending it has been larger. The terrible loss of blood, with septic infections, has told with great effect against it. There is no concealing it, prostatectomy is attended with many difficulties, and is so dangerous to life, that in none but exceptional cases, in which all palliative

means have failed, should it be undertaken.

Rather give the safer and simpler therapy a fair trial first.

HYSTERECTOMY FOR CANCER OF THE CERVIX.

Dr. Maurice H. Richardson, in a paper contributed to a recent number of the "Boston Medical Journal," points out that the liability to recurrence after operation in uterine cancer equals, if it does not exceed, cancer of the breast. His main point, however, is the discussion of the question of hysterectomy for cancer of the cervix by combined abdominal and vaginal dissection, and his conclusions are that the advantages of the vaginal method are: (1) Less liability to peritoneal contamination. (2) More intelligent and thorough dissection of the local disease, while its chief objection is the difficulty in controlling hemorrhage. The advantages, on the other hand, of the abdominal method, consist of: (1) A conclusive investigation of the disease itself, its local extent, and its possible remote metastases. (2) The rapidity and safety by which the broad ligaments may be tied and cut. (3) The ease with which the ureter may be isolated and kept on one side. (4) The control of the hemorrhage. Its chief disadvantage is the impossibility of thorough dissection and removal of the cervical portion of the disease. The superiority of the combined method is apparent in (1) The opportunity afforded for thorough dissection both of the local disease and the broad ligaments. (2) The certainty by which hemorrhage may be prevented. (3) The protecting of the ureter. (4) The saving of time. The author further points out that the combined method is applicable more especially to cases where the disease involves the cervix and a portion of the vaginal mucous membrane, and to cases in which the uterine body is large and fixed.

PRIMARY SARCOMA OF THE LUNG.

Ferraud presented to the Medical Society (Paris) specimens from a case of sarcoma of lung. The symptoms were

intercostal pain, dyspnoea, absolute dullness. On auscultation the vesicular murmur was heard at the base and summit of the lung, but not in the middle portion; no egophony. Interlobar pleurisy was first thought of, but punctures by aspirator failed to bring any fluid.

The patient became cachectic, had glandular enlargements, heart displaced to opposite side, absence of bacilli in the expectoration, diminution of urea. A new diagnosis of pulmonary cancer was made.

At the autopsy a large tumor of the shape of a bunch of grapes was found. It was adherent to the hilum, and had crowded to the surface the parenchyma of the lung, which was greatly compressed. Microscopic examination showed the growth to be a spindle-celled sarcoma.

* * *

He also showed specimens from a woman who was admitted to the hospital for uterine symptoms referable to an epithelial cancer of the uterine neck. Three days later the woman was attacked with hemiplegia, with conjugate deviation of the eyes, and died. The post-mortem revealed, besides cardiac and cerebral lesions, a cancer of the liver, which had not been suspected.

—L'Union Medicale.

OPERATIVE TREATMENT OF PERITONEAL TUBERCULOSIS.

The Boston Medical Journal says: The value of operation in the treatment of peritoneal tuberculosis in children has been much disputed and even yet is by no means generally allowed. The numerous cases benefited by laparotomy have been challenged as to correctness of diagnosis and the indications which were believed to predict a favorable result. The report of Conitzer* of seven cases operated upon for tuberculosis of the peritoneum throws some light upon the points in dispute.

The children varied from $2\frac{1}{4}$ to 9 years old. Four cases were of the exudative form, in which there was a diffuse superficial inflammation of the peritoneum, with numerous very small tubercles upon the parietal and visceral membrane, and free serous fluid in the abdominal cavity. In all of these cases there was but slight disturbance of the general health. Some anorexia and heaviness and disinclination to move about were the chief symptoms. Some of the

* Deutsche Med. Wochenschrift, No. 29, 1893.

patients, too, had gray-colored stools, though not otherwise icteric.

The other three cases were of the dry adhesive form, in which there was more general disturbance and often pain, and a considerable degree of matting together of the intestines and omentum.

The operation consisted only of an incision into the abdomen, and, after allowing the free fluid to escape, closing up the wound. No washing or manipulation of the cavity was done in any case.

TWO RARE VARIETIES OF STRANGULATED INGUINAL HERNIA, COMPLICATED BY RETAINED TESTICLE.

BY GEO. HEATON, M. D., F. R. C. S.

The author reports two very interesting and unusual types of strangulated hernia.

In both the testicles had not descended into the scrotum.

In one case the true character of the case was not realized when an operation was done; and hence no relief followed, and patient sank the following day.

In the second case the condition was essentially the same, though it appears the hernial mass had made its way out through the internal ring. The patient made a good recovery.

This is the class of hernial operations which call for extended experience, combined with an intimate knowledge of those anatomico-physiological deviations dependent on ectopia-testis, without which an operation undertaken for their relief is practically futile.

Lancet, Jan. 27, '94.

MENINGO-CEREBRAL LESIONS IN THEIR RELATION TO FACIAL NEURALGIA.

Voisin found at an autopsy on a case of uterine cancer the following lesion: Compression of a part of the right ascending frontal and parietal convolutions, by a kind of creamy substance, formed from the cephalo-spinal fluid.

The woman was subject to melancholia, following right facial neuralgia, which had obstinately resisted treatment, in addition to the cancerous disease.

—Revue Medicale.

BILLROTH DEAD.

Billroth, the distinguished surgeon, of Vienna, died on February 6, at the age of 64 years, while temporarily absent on a vacation.

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

SOME NOTES ON GONORRHOEA.

(From article in *Revue Medicale*, by Dandois.)

It is not easy to draw the line between acute and chronic gonorrhœa. The latter generally begins at a period when the patient considers himself practically cured. The gonococcus being the active cause the first step in any case is to see if it be present in the discharges or in the urethra.

A distinction is to be made between blenorragia and blenorrhœa, the former condition indicating that stage of chronic gonorrhœa where the coccus is still to be found, and the latter a later stage, where it is wanting.

The first treatment of specific urethritis is the same in acute and chronic cases, but in general there is little to expect from the use of the syringe, as the germs are buried in the surface of the posterior urethra and of the glandular canals opening into this portion. If recrudescence of the original inflammation occurs they are useful in allaying its severity.

It may be stated that any flow, freely purulent in 48 hours after suspected coitus, belongs to a lighting up of the original attack, and not to a fresh infection, which requires from three to five days before taking on this character. Thus many persons think they have had numerous attacks, when in reality they have only suffered from a continuation of the original one.

Lavages are to be preferred to ordinary injections, and permanganate of potassium appears to be one of the best agents to use. The wash must penetrate to the posterior urethra. From six to seven lavages, one each day, usually suffice to destroy all the germs, although some claim inflammation of a non-specific character may still remain. Although the specific microbe is destroyed there will still remain varieties of pathogenic microbes, which may keep up more or less discharge.

The urethra of the male being very receptive of microbe germs, may take on inflammation from many different causes. The discharge comes on in 12 to 24 hours after coitus (if due to that cause), is whitish (rarely greenish), abundant, contains luxocytes, epithelia and

swarms with microbes, among which one species predominates.

Dr. Janet, in view of this receptivity, lasting for fully two months after the cure of a gonorrhœa, advises disinfectant precautions after coitus, and advises against marriage during this period.

Finger says that we should not consider gonorrhœa cured, and permitting of marriage, except the following conditions are present.

1. No gonococci, even after reaction provoked by nitrate of silver.
2. No leucocytes among the mucus or epithelia.
3. No genital complication.
4. No strictures.

The treatment of this stage is by sublimato, which destroys all the different microbes. The lavages are generally enough, the first 1-20,000, the second 24 hours later, 1-10,000, the diluent being pure distilled water. In the strength 1-3000 it makes a good disinfecting preventive wash.

E. W. B.

THE STERILIZATION OF MILK.

Dr. Chavane; Extracted from *Archives de Toxicologie*, etc.

The paper deals with the subject on the large scale, and also on the process as performed on small quantities. The latter only will be described here. The apparatuses are all similar to the Arnold sterilizer used in this country; the method of closing the bottles is, however, different.

The bottles containing 200 grammes should only be two-thirds full. The neck is carefully made in a flaring shape; on the opening a small rubber disc 4 mm. in thickness, and the exact diameter of the opening, is placed, and over this is slipped a short metal cylinder having three horizontal claws projecting toward the centre, at the upper opening. The object of the cylinder is to keep the disc in position.

The bottles are placed in the sterilizer, and the water kept boiling for forty minutes. At the end of this time the milk has acquired a temperature of 100 degrees centigrade.

As soon as the bottles are lifted from the apparatus the discs are forced by atmospheric pressure into the necks of the bottles, forming a perfectly airtight joint.

The depression of the disc is an evidence of the success of the operation and a guarantee of the quality of the milk.

The apparatus described is that of Soxhlet, and is probably the best resume. The temperature of 100 degrees centigrade appears to be sufficient for perfect sterilization for a period of twenty-four hours. The process should be repeated daily.

E. W. B.

CICATRICAL STRICTURE OF THE URETHRA.

Strictures of the urethra are due either to a chronic inflammatory process, or to a cicatrix rapidly formed, and which starts from an ulceration of the canal.

There are two classes of urethral constrictions, the first comprises inflammatory strictures, caused usually by gonorrhœa, whence the name gonorrhœal strictures; the second includes those strictures due to a more or less deep loss of substance of the urethral wall, from traumatism, chancrous ulceration, etc. These go by the name of cicatricial strictures.

Sometimes the two processes are united in the same subject—these form a group, which may be called sclero-cicatricial strictures. These last affect by preference the anterior half of the canal.

The cicatricial variety may be met with in all parts; in the membranous portion, as consecutive to pelvic fractures; in the buebar region, due to urethral rupture from falls, (horseback, etc.) in the penile portion from violence in coitus, ruptures during chordee, urethral chancres, etc.

Gonorrhœal strictures are most frequent in the bulbar portion; are of slow evolution and generally curable by dilatation or urethrotomy. Cicatricial strictures are produced rapidly and have a great tendency to contraction, and are refractory to treatment, especially when circular; when not completely surrounding the canal the chances of cure are greater.

—Annales de la Polyclinique de Bordeaux.

PRACTICE OF MEDICINE BY FOREIGNERS IN FRANCE.

Since the new law on the practice of medicine went into force a German physician has received notice to discontinue practice in French territory. This is in requital of the act of the Germans, who, in 1889, forbade a French doctor to practice in Germany.

—Progres Medicales.

DEATH FROM HEATING PUBLIC VEHICLES.

At the late meetings of the Academy of Medicine the discussion has been on cases of death by suffocation resulting from the use of charcoal used for heating public vehicles. Agitation for the abolition of these heaters has often occurred before, but without result.

—Bulletin de L'Academie.

TREATMENT OF CHRONIC RHINITIS.

Perchloride of iron solution, (30 per cent.) diluted with distilled water in proportions of 1 to 1, 1 to 2, 1 to 4, is recommended by Dr. Mounier as one of the best treatments for chronic hypertrophic rhinitis. It is especially available in young children, as it is a stringent caustic, while almost painless in its action. In infants at the breast, in whom, in addition to adenoid vegetations, there is commencing rhinitis generally strenuous in character, the remedy relieves the obstruction to breathing very satisfactorily. It is applied by a probe wrapped with cotton, and may be preceded, if desired, by a solution of cocaine.

—La France Medicale.

CANTHARIDIN IN LUPUS.

Liebreich and Saalfeld make very favorable communications on the treatment of lupus with Cantharidin. Disease of the kidney is not frequent if this drug is used with care. Liebreich keeps a solution of 0.2 grains of cantharidin to 1000 grains of distilled water. The solution may be kept for years. The tolerance varies. A boy of 10 could not take more than four drops three times a day, whereas a younger one could take nine. He gives it three times a day; the patient should always eat something afterwards. The results are somewhat slow, but preferred to those of any other method.

—Berl. Kl. Woch.

Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., New York.

A REVIEW OF RECENT ELECTROTHERAPEUTICS AND ELECTRO-SURGERY.

Dr. John J. Caldwell, Baltimore, Md., in an interesting article in the "Charlotte Medical Journal" reviews the medical uses of electricity from its earlier history to the present time, and says that electricity is capable of producing the most varied results on the human system according as it is directed by the hand of a skilled or ignorant operator.

It is a boon for good if rightly handled, and one of our best and often our only therapeutic resource in many nervous troubles, in cases of drowning and in the restoration from narcotics; but it is a hindrance and disadvantage when misapplied.

It has of late years become a help in diagnosis, a means of detecting malingering, and in reducing to a state of complete resolution growths which formerly were dealt with only by the surgeons' knife, or allowed to carry the patient to his grave.

Dr. Caldwell calls electricity in the form of the galvano-cautery the "bloodless knife," destroying disease tissues, yet shedding no blood; destroying almost painlessly not the growth only, but the cellular condition around on and by which the diseased mass derives its size and strength. It acts like the ligature also, constricting the supply and thus starving the growing tumors.

As the result of his experience, he affirms that the successful application of electricity is in no case strikingly manifest than in this destruction of morbid growths by the electro-cautery, particularly in those of a soft and bleeding nature, such as those which are met with in the rectum, vagina, and other passages, and which being very vascular and fragile cannot be safely handled by any other surgical procedure. In nearly all cases of hemorrhoids and in fungus hematoides, where the knife is impracticable, it is wonderful how the tissues can be made to sere up and close the bleeding surfaces, yet at the same time to diminish to a great degree, and why should not this agency be found entirely applicable to certain cases of aneurism instead of ergotine

injections and the ligature, or the internal administration of the potassium iodide?

It has been to a degree serviceable in the form of electro-puncture in some cases of aneurisms, and Ciniselli, in "The Medical Press and Circular," of London, reported several cases of successful treatment of aneurism by this method.

The same force, modified, in the treatment of ulcers resembles the process of electro-plating, and is termed electrolysis, the mode of application being to apply a moistened porous paper or cloth with a solution of the mineral or styptic salts applying it to the ulcer, then placing the positive pole in the form of a zinc electrode to this covering and passing the negative pole gently around the ulcer.

We thus have an electro-chemical action brought about which deposits the mineral or metallic covering over the morbid surfaces, affording protection and healing excitation to the parts. Electro-epilation is now the great boon in female disfiguration.

The writer states that he has dissipated cirrhosis in its early stages and other tumors of various characters.

Galvanism has been successful in his hands in treating parasitic affections of the skin. In the treatment of the various neuralgias, galvanism is among our most useful adjuncts.

The morbid conditions likely to be benefited by electro-therapeutic application are summed up as follows. Partial, or even general paralysis, or wherever there is great atrophy or inert muscular action dependent on deficient nervous tone, or deranged action in the nervous centres; in the subjugation of violent pains in articular rheumatism; in atonic or debilitated conditions of the system due to impaired nutrition; in the removal of malignant tumors where surgical measures are inadmissible; in the ablation of soft morbid growths and in the dermal neuralgias accompanying occipital, scapular and brachial rheumatism.

He states that he has successfully removed three cases of cirrhosis during the early stages of development, and as yet there has been no return of the disease.

The electro-tonic action of electricity will be found useful in modifying irritability of nerves of special sense, while galvanism has been curative in partial paralysis of the vaso-motor nerves in troubles of the pneumo-gastric, such as asthma, dyspepsia, etc., in primary arterial spasms, in the early stages of progressive locomotor-ataxia, in apoplectic paralysis, in cases of progressive muscular atrophy and in neuralgic affections of the cerebro-spinal nerves.

It was for the relief of dyspnoea that led Sir Wilson Phillips, of England, to try galvanism in asthma. By transmitting the current from the nape of the neck to the pit of the stomach he gave decided relief in every one of twenty-two cases.

Dr. Caldwell is also working upon an instrument which he calls the phonoplant, and which when perfected will be a great aid to electrical diagnosis.

Miscellany.

George Keil, 1715 Willington street, Philadelphia, announces the early publication (third edition), of the "Medical and Dental Register-Directory and Intelligencer," for the States of Pennsylvania, New York, New Jersey, Maryland and Delaware. It will present not only a complete list of all medical and dental practitioners in the States named, with place and date of graduation, but also lists of professional educational institutions, hospitals, societies, etc., etc., and will be of much practical value to all members of these professions.

PREDETERMINING SEX.

Dr. George Abbott, of Hamburg, N. Y., says that conception occurring just previous to the menstrual period results in boys; and if just after, in girls.—
—Med. Record.

Wrong; if there is anything in this, boys result from post-menstrual anemia conceptions.

DEATH OF DIDAY.

Dr. Paul Diday, the distinguished French surgeon, died on January 9, aged 83. He was one of the founders and the first editor of the Lyon Medical.

RIGID OS IN LABOR.

One-one-hundredth grain of atropine hypodermically administered will usually cause the complete relaxation of an unyielding os within fifteen or twenty minutes.

—E. H. KING, M. D., Journal Mat. Medica.

PORT PHYSICIAN.

Dr. Walter D. Green has been appointed by Governor Pattison physician to the port of Philadelphia.

The saloon-keepers and druggists of Englewood, a fashionable Chicago suburb, are at war. Many druggists have been arrested for selling liquor. The district is a prohibition one, and the saloons desire to force an entrance.

THE MEDICO EDITORIAL PARTY.

Through the courtesy of the Old Dominion S.S. Co., and Seaboard Air Line R. R., a party of medical editors, or representatives, left New York Tuesday, February 13, for a trip to the Southern health resorts as far as Atlanta, Ga., under the chaperonage of Dr. W. C. Wile, editor of "The Prescription" and "New England Medical Monthly."

The following are the names of the excursionists:

Dr. W. C. Wile, editor "New England Medical Monthly," Danbury, Conn., wife and daughter.

Dr. George L. Porter, of Bridgeport, Conn., represents "The Times and Register," Philadelphia.

Dr. E. C. Angell, editor "The Sanitarian," Brooklyn, N. Y.

Dr. Ferdinand King, editor "The Polyclinic," New York City.

Hon. Clark Bell, Esq., and daughter, editor "Medico-Legal Journal," New York City.

Dr. T. D. Crothers, editor "The Journal of Inebriety," Hartford, Conn.

Dr. T. D. Bailey, editor "The Brooklyn Medical and Surgical Journal," Brooklyn, N. Y.

Dr. Howard Van Rensselaer, editor "Medical Annals," Albany, N. Y.

Dr. W. Blair Stewart, "Medical Bulletin," Philadelphia.

Mr. Martin Griffing and wife, "The Danbury News."

Mr. R. G. S. McNeille, "Bridgeport Standard."

Dr. Alfred K. Hills, and wife, editor "New York Medical Times."

The Times and Register.

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Original.

RETINITIS ALBUMINURIA.*

BY L. WEBSTER FOX, M. D.

Professor of diseases of the eye in the Medico-Chirurgical College, Philadelphia.

The relationship of diseases of the eye to general diseases was established long before the introduction of the use of the ophthalmoscope, but by the introduction of this valuable instrument certain diseases which were only mooted have long since been made a certainty. it is very interesting to read, in the light of our present knowledge of intraocular diseases, what the first Mackenzie said about this instrument. When the ophthalmoscope was first shown him and he made an examination of the eyes of several patients he said: "The ophthalmoscope of Helmholtz, Coccius and Follin, are likely to assist in the detection of the effects of inflammation both in the crystalline and in the vitreous body."

A fact well known to the general practitioner is that the outside of the eye presents certain symptoms as characteristic to him as the characteristic fan-shaped white spots of the retina are to the ophthalmologist.

Oedema of the lower eye-lid is a very characteristic symptom of Bright's disease; the subcutaneous tissue being much relaxed affords a favorable ground for the development of oedema. The upper eyelid does not present this puffiness so frequently, on account of the histological formation of the lid. Associated with this puffiness of the eyelids we find the muscle of accommodation also giving way, and, in reading, dimness of vision, a rapid recovery of the word, then again fading; at times want of converging power as if a row of double sentences appeared, one word over the other. This condition shows more with hyperopes, suffering with Bright's dis-

ease, than myopes. As regards the pupils, they are dilated, owing to want of controlling power of the sphincter of the iris. As regards a change in the iris itself, Leber has recognized a number of cases. In fact this writer lays so much stress on this condition that, in all doubtful cases of inflammation of the iris, he suggests that the urine be examined for albumen. Ewetsky has seen posterior synchia in iritis, in a patient with albuminuria. Whether an albuminuria causes cataract there is still some doubt, but one is struck with the frequent coincidence of albuminuria in cataract patients. In order to explain this fact, in cases of senile cataract, Michel says that it is essential to consider that cataract and albuminuria are the results of alterations produced simultaneously in the eyes and in the kidneys from the same general cause, arterio-sclerosis. This theory recalls, to a certain point, that of Sutton, who considered that interstitial nephritis and hypertrophy of the left ventricle are both caused by an alteration of the vascular walls (arterio-fibrosis.) Berger, Becker and the greater number of those who have made a special study of this question do not believe in the relation claimed by Deut-schmann between cataract and nephritis. Ewetsky, who examined 200 patients with cataract, only found 19 per cent. of these individuals afflicted with albuminuria; on the other hand, he examined the eyes of 97 nephritics, of which 70 had not attained the age of 50 years, and only met with cataract in 8 per cent. of these patients, and in this number there was but one who was less than 50. From these facts this author concludes that cataract does not show itself in young persons attacked by nephritis, and it is no more frequent in nephritics before they attain the age of 50 than in those whose kidneys are normal.

The most important tunic of the eye, which reflects the condition of the gen-

*Read before an alumni meeting of the college, February 16, 1894.

eral economy, is the retina. From observations which I have made, but have not been quite able to confirm, I feel that in certain forms of retinal hemorrhage, especially of the striated variety, we have the forerunner of non-albuminuric Bright's disease. The blood vessels show a sclerosis of their coats, that is, the external coats are whitened in such conditions. We find that the capillaries also are involved in a similar manner, or, in other words, there is an arterio-capillary fibroid change, which has been described by Gull and Sutton. With patients suffering from what Dr. Mohamed would call the first, or functional stage of Bright's disease, we observe with the ophthalmoscope a fullness of the arteries and a slight pulsation of the central artery, not unlike that which is observed in glaucoma. This is pathognomonic of high arterial tension, and when this condition exists for a longer or shorter period we have the retinal hemorrhages as described above, and yet, if the urine be examined, we find that it is absolutely free from albumin. I believe that this sclerosis may be recognized earlier than in the condition described in a very able and exhaustive article on non-albuminuric Bright's disease by Dr. D. D. Stewart in the "American Journal of the Medical Sciences" for December, 1893.

Retinitis observed in nephritis is of very great importance; it is met with in six or seven per cent. of cases of inflammation of the kidneys. It is most frequently found in interstitial nephritis, in infectious nephritis (scarlatina), in the albuminuria of pregnancy, complicated or not by eclampsy. Albuminuric retinitis is not often seen in parenchymatous nephritis or amyloid degeneration of the kidneys. (Berger.)

Heymann was the first to call attention to the retinal changes, which he regarded as characteristic in interstitial nephritis. Every ophthalmologist can readily call to mind cases in which the ophthalmoscope first revealed the existence of albuminuric retinitis, the diagnosis being subsequently confirmed by a urinary analysis. Within the last week a patient presented himself at the eye clinic for relief of failing vision. As is usually the case with these patients, she had first consulted the itinerant spectacle-vendor for glasses, and, finding no betterment of her vision, she applied to us for relief. The ophthalmoscope revealed an extensive retinitis

with extensive retinal hemorrhage. Examination of the urine showed about 40 per cent. albumin by quantity. This woman, according to her history, did not complain of untoward symptoms of any kind, merely a failing of her vision.

The chief signs of albuminuric retinitis are the following: The optic nerve seems swollen and fluffy, is of a reddish color and hazy, the vascular walls surrounding the blood columns form white lines more or less pronounced; these constitute the retinal white spots which were formerly regarded as the product of a fatty degeneration. The yellow spot gives star or fan-shaped alterations, which at first were considered as characteristic of albuminuric retinitis, but they are now known to exist in other kidney diseases. These star-like changes consist of brilliant white spots which radiate around the macula, the spots are edged by brownish pigment and here and there show small retinal hemorrhages, disseminated through the spots or beyond in the otherwise normal retina.

It is a singular fact that in the more advanced stage the white spots, excepting those of the macula, disappear little by little; the edge of the optic nerve, indistinct in the beginning of the disease, again becomes apparent. Hyperæmia of the papilla disappears, the vessels, chiefly the veins are at this stage very tortuous, the thickening of the walls of the blood vessels much more pronounced than at first, and the white spots become more apparent. In certain cases of albuminuric retinitis, the star-shaped lesions are absent from the macula, while in the retina are seen curiously shaped spots of extensive area. According to Berger, one meets with (optic neuritis) papillitis, with and without the star-shaped spots.

Magnus first described a special form of albuminuric retinitis, in which the inflammatory symptoms are but little marked or entirely absent.

Authorities differ as to the prognosis in retinal hemorrhages associated with Bright's disease. Hirschberg gives a case where his patient died three and a half years after the retinal hemorrhages. We must not forget that, in albuminuric retinitis, hemorrhages may coincide with an acute inflammation of the retina. My own experience has been, where retinal hemorrhages and the colloid degenerations are coincident, that death is close at hand. The more extensive the

hemorrhages, the shorter the expectation of life. The typical deposit, as seen with the ophthalmoscope, may also give us a guide as to the fatality of the disease. I may mention here that the left eye is more frequently attacked than the right. According to Liebreich, albuminuric retinitis may be complicated by diffused choroiditis, and cases are known of albuminuria with change in the choroid only, the retina undergoing no change at all. There are other cases where the little flecks in the vitreous body were the first intimation of choroidal lesion. These cases may be exceedingly rare, as, in an extensive search I have not yet been able to locate a single one. In detachment of the retina due to albuminuric choroiditis no apparent visual change takes place, although Anderson thought he observed it in a little girl of 9 years of age. This child, after measles, was attacked by nephritis, which caused this chorio-retinitis albuminurica. This bi-lateral detachment of the retina caused blindness. Ewetsky holds that this detachment of the retina may be observed in albuminuria, without there being albuminuric retinitis. The same author proved that the condition known as scintillating synchysis, floating opacities in the anterior part of the vitreous, is due to the same relative condition. The visual acuity is lessened in proportion to the pathological change which has taken place in the retina. If the lesion has extended around the macula, and the fovea centralis escapes, normal vision may exist, but if the surrounding field is infiltrated this good vision soon falls off to one-third, or may even end in blindness for direct vision, peripheral vision remaining. The clouded vision may be so marked that only movements of the hands can be seen. Even if the morbid process of the kidneys is modified the prognosis of vision is very unfavorable, as secondary glaucoma may follow.

Cause—As to the cause of albuminuric retinitis, Franke attributes it to the increased arterial tension of interstitial nephritis, but according to Cohnheim and Albutt, this disease exists without hypertrophy of the left ventricle and without increase of vesicular pressure. Forster thinks that the disease is produced by alterations of the blood which cause degeneration of the blood vessel walls. Charles Theodore, Duke of Bavaria, who made a special study of this disease of the eye, found hyaline degene-

ration and endarteritis in the vessels of the retina; at certain places the small vessels were dilated, resembling aneurisms. The hyaline degeneration attacked the internal and middle coats of the arteries, which caused considerable diminution of their calibre. The veins, on the contrary, are dilated; at times he found small, fatty granulations filling the cavities of the small arteries. Microscopic examination shows that small hemorrhages existing in the retina may break through this coat and extend into the vitreous body. The limiting internal membrane of the retina is generally thickened. The layers of the nerve fibres are distended and varicose, an interstitial oedema separates, more or less, one layer from the other; on the other hand the layer of the rods and cones is almost normal.

In a more advanced stage of albuminuric retinitis a new formation of vessels and capillaries may be seen in the retina. Cavities hollow out between the fibres of Muller, and these are filled by a homogenous, albuminoid liquid, or by clots of fibrin. The fibres of Muller themselves are thickened and seem sclerosed. Later they show traces of fatty degeneration and are full of granulations or of small drops of fat. The detachment of the retina which complicates some cases of albuminuric retinitis is probably due to transudation through the walls of the vessels.

The same vascular lesions, which in the retina bring such serious consequences, provoke almost no nutritive trouble in other parts of the eye. This difference is doubtless due to the retinal arteries being the terminal arteries, while those of the iris and choroid assure the circulation of the blood, even when partial occlusions exist in these vessels. Usually the prognosis of albuminuric retinitis is grave enough and the life of the patient is seriously threatened. Nevertheless, there are exceptions: In pregnant women there are many cases of complete cure, the sight becoming normal and the general health re-established. It may be, moreover, that, in spite of a greatly improved condition, the albuminuric retinitis of pregnancy does not disappear, the optic nerve is atrophied and some of the retinal vessels are transformed into fibrous fasciae. (Berger).

The patient survives, but the visual acuity is diminished, and, when pregnancy occurs again, albuminuria reap-

pears at the same time with the disease of the retina and the patient dies. (Fuerst). Following scarlatina, the cure of renal and retinal lesions has often been seen. In a certain number of cases of albuminuric retinitis, due to interstitial weakness, the sight is more or less weakened and finally convulsions and amaurosis ensue. The greater number of patients attacked by albuminuric retinitis succumb to kidney disease or its complications (cerebral hemorrhage or pulmonary oedema).

Miley, in order to emphasize the gravity of the prognosis, examined 164 patients attacked by kidney disease and (nephritis). The back of the eye was normal in 105 of these patients; in eight others were lesions noticeable by the ophthalmoscope, but without connection with the kidney disease; 51 presented symptoms of albuminuric retinitis. In the two following years of the 105 cases which had no eye complications, 28 died; of the 51 attacked by albuminuric retinitis, 27 died. Consequently, morality is twice as great in those attacked by nephritis without ocular complications. The majority of the patients lived but twelve months after the day when the retinal disease was diagnosed; one alone lived eighteen months. (Berger).

1304 Walnut street.

I am indebted to Professor Anders, Drs. Stewart Daland and Boardman Reed, and to Dr. Berger's magnificent work "On the Relation of the Eyes to General Disease," for the information and statistics on this subject in the above paper.

THE SPONTANEOUS EVACUATION OF TUBAL COLLECTIONS.*

BY E. W. MITCHELL, M. D., CINCINNATI, O.

The following case is reported for the purpose of eliciting your opinions and experiences as to whether spontaneous evacuation of tubal collections through the uterus may sometimes occur.

Closely akin to this question is that as to whether, under favorable conditions, an accumulation may be evacuated by catheterization of the tubes, as some have claimed. Not to weary you with details, the synopsis of the case is made as brief as possible.

Mrs. X, wife of a lawyer, aet. 30 years, American; of slender build; health

prior to marriage good and menstruation normal; married 11 years.

One year after marriage she had an abortion, with retained placenta and pelvic inflammation, from which she got up with shattered health. The menstrual periods became extremely painful, and in the intervals she suffered from pelvic pain, backache and vesical irritation.

Three years later she had an attack of peritonitis, from which she barely escaped with her life and with a morphine habit established, of which she was broken with some difficulty.

Two years later (five years from time of first illness) she became pregnant. During the whole period of gestation she suffered greatly from pelvic pain, being bedfast much of the time. Her delivery was followed by another attack of peritonitis, but milder than the former.

When she came under my care, two years ago, she had the usual history of the subject of chronic pelvic disease: inability to endure exertion, backache, weight and bearing down, a free leucorrhoea, dyspareunia, nervousness, etc. The sufferings at the menstrual period were extreme and accompanied by nausea and vomiting.

During the second attack of peritonitis she had also been treated with morphia, but greater care had been exercised against the continuance in the period of convalescence. She had since had one or two hypodermics at the recurrence of each menstrual suffering. I, like her former attendant, yielded in the presence of her great pain, and gave her an hypodermic of one-quarter to one-third grain morphia on the first or second day of almost every menstrual period. She took no opiate, however, at any other time. The menstrual week was always spent in bed.

Physical examination: patient rather emaciated; slightly anæmic.

Vaginal examination: uterus somewhat enlarged, anteflexed, movement restricted by adhesiveness; cervix lacerated, some ectropion, very great tenderness to touch about whole vaginal vault.

On left side of uterus a mass taken to be enlarged ovary and dilated tube; on right, very slight enlargement.

Under a course of douches, tamponement, painting of the vault with iodine, etc., there was some improvement, but she remained a semi-invalid, at times

*Reported to the Obstetrical Society of Cincinnati.

up and about, again for days at a time being confined to her bed.

On November 1, 1892, she was taken rather suddenly with extreme pain in the left ovarian region, with, at the same time, chilliness and a rise of temperature to 101 degrees, a pulse of 120 degrees, nausea and vomiting. The pain was paroxysmal and extreme. Bowels moved normally. Per vaginam, the enlargement to the left of the uterus was much greater, and the tenderness very acute.

Large doses of morphia, hypodermically, were required to relieve the pain. Ice bags were applied externally, and sulphate of magnesium given.

These symptoms lasted one week after which the pain and fever gradually abated.

On November 12 she was seen with me by Dr. Reamy, who concurred in the opinion that the mass—now apparently almost as large as the closed fist—was probably a tubal collection, and also in the opinion that removal by abdominal section was urgently indicated. The patient and her husband agreed to the operation, and the time was appointed for the next menstrual interval.

The next menstruation did not appear at the expected time. As there was an amelioration of the symptoms, and the tubal collection was less tense, it was considered safe to delay operation, especially as the failure of menstruation to appear for one, two and finally three weeks gave reasons to suspect pregnancy. The improvement in her health was sufficient for her to be up and about the house part of the time.

After three weeks delay, menstruation came on and lasted one week. About a week later, not having seen her in the meantime, I called to examine and consult her with reference to appointing a date for the operation. I was much surprised to find she had gone out for a ride. A member of the family said she felt so much better that she had about decided to refuse operation, for the present at least. Returning on the next day I learned from the patient that the relief from suffering and rapid improvement in her health dated from the appearance of a profuse muco-purulent vaginal discharge which had come on suddenly after the cessation of menstruation.

Upon examination, the boggy mass beside the uterus was found to be reduced at least one half; there was not the slightest indication of any opening in the vaginal wall, or of any pus oozing from any point of the wall; but there was a free muco-purulent discharge from the os uteri. From that time she rapidly regained health and strength, has never since had a dose of morphia

at a menstrual period, although she still suffers considerably for the first two days and usually remains in bed at least one day.

I examined her a few days ago. There is but little tenderness about the uterus. The uterus is not so freely movable as normal; the right tube and ovary I could not feel; the left ovary is very slightly enlarged; the left tube I could not differentiate; the mass at the left of the uterus is quite gone.

DISCUSSION.

Dr. Hall.—Mr. President, I have two specimens of pus tubes here, with suppurating ovaries, bearing directly on the subject, that I think would be interesting just now. It was an exceedingly difficult operation, and in enucleating the growth I tore into the folds of the cyst wall. The tube was about five inches long, and as large as a man's thumb. If you examine the uterine ends of the tubes you will find no opening, yet I can introduce my finger into the tube as it enters the sac of the suppurating ovary. The fimbriated extremity is lost on the ovary, and by turning the ovarian sac inside out it will be seen to end upon the ovary like the large end of a horn. The woman from whom these specimens were removed was married five years and never pregnant, but had gonorrhoea three or four weeks after marriage. She applied to a physician, who gave her directions for treatment for several months, but she has not been under a physician's care since. She went to bed two or three days at the time of her menstrual period, but never sent for a physician until this trouble. She never suspected that she had a tumor or pus in her abdomen. Suddenly she was seized with pain and sent for a physician; the following day he found her with a temperature of 103 degrees, and he thought it a case of typhilitis. Soon, however, he was convinced it was not typhilitis.

When I saw her she had been having sweats and chills; the next day I operated and found two suppurating ovaries as large as a pint cup, with double prosalpinx. There is every indication that the pus in the sac is of long standing. We could not believe the pus would extend the ovary to this size in three weeks. By contamination of the ovary suppuration took place. A man cannot draw on his imagination to think this would be developed in three weeks, but we must believe she went around for some time, perhaps weeks, with the pus present. The hypostatic pressure would have had a tendency to force the pus into the uterus, yet it did not do so, but in one of the tubes we found no dilatation near the uterine end, and the other is only slightly dilated an inch from the uterine end. I think that these cases illustrate the fact that the tendency is not to empty into the uterus, and there must be some other explanation in these cases than an opening through the Fallopian tube. Dr. Zinke's case illustrates

how easy it is to tear through the uterus, and the uterus in that case was comparatively healthy compared with a uterus in which there is pus in the pelvis for weeks, as there was in this case. I am not at all certain, Mr. President, but through the uterus and drain the pus tubes do make a hole through the uterus. I am not at all certain but that the case reported to-night by Dr. Mitchell would have been better off if a section had been made. She now goes to bed part of the time during her menstrual periods, but she is in a position when at any menstrual period she is in danger of having an attack of peritonitis.

She is likely to set up an attack by going upstairs, going to a ball or jumping out of a carriage. She is not well, and I am not at all sure but it would have been better if she had been operated upon. I do not think it is best to open up these pus sacs by probing through the uterus, but think it is better to make a section. When I operated upon the case reported to-night she had just recovered from a chill an hour long; the temperature was 101 degrees about twenty minutes before she was given an anæsthetic.

The second specimen, Mr. President, was taken from a patient operated upon Monday last. The patient is a grass widow, but she had cause for leaving her husband—he infected her with gonorrhœa. Since then she has been conscious of the fact that she was not well, and has been more or less on the doctor's hands; and for twelve weeks has been unable to hold a position as clerk, and ten or twelve days each month she was confined to bed. The physician could feel a little mass about the uterus, and thought it might be she need not be operated upon. He tried treating her for it, and, finally, she went to another physician, who treated her, and then sent her to me. I operated upon her. When she came to me she asked if she had pus. The right ovary is bound down by adhesions, and the left one is a typical pro-salpinx, as you see from the specimen. When inflated, you will see it makes a perfect letter "s." She had pus, judging from the symptoms, not longer than five months. I have very great doubts, judging from my own work, whether even in the minority of cases it is possible to catheterize the Fallopian tubes through the uterus, and empty them when distended with pus.

Dr. Zinke.—In cases of this kind do you take any extra precautions to protect the peritoneum at the point where you separate the tube? When you throw the ligature around the uterus and cut off the tube, you necessarily leave a part; what do you do with it?

Answer. I leave it clean; I do not put any drugs on it or cauterize it. I drain.

Dr. Edwin Ricketts.—Mr. President: There are two ways of curing these cases. When they are trusted to nature for a certain length of time, I say let nature take care of them than act from a surgical standpoint. I believe a

greater number of women die as the results of gonorrhœa than from syphilis. Another thing, Mr. President, pelvic inflammation is responsible for more morphine fiends (among the females) than any other inflammatory disease we have to deal with, and you will find that many make the statement they do not use it when they are using it. It has been my fortune to have to deal with four cases of pelvic abscesses with no pus in the tubes. One case, in which the woman had been an invalid for a number of years, and she had used morphine inordinately, and when she was cured of the pelvic trouble she was also cured of the morphine habit. I do not want it to go on record that I operate upon every one of these cases that consult me; but I do say there is a legitimate pelvic surgery. So far as advocating letting nature take care of all these cases, we might as well say that nature will amputate a gangrenous leg and surgery should not step in and amputate it; we might as well say, when an artery is leaking, we should trust to nature instead of cutting down on it and ligating it. Early curetting of the uterus for endometritis and packing with gauze promises a great deal, and no one will deny it, and the time is coming when a man who treats a female for gonorrhœa will go further and make an examination of the endometrium, and if there is the slightest evidence of endometritis, he will forcibly dilate, curette and pack, and thus many a pus tube will be prevented.

Dr. Hall.—Mr. President, one gentleman, while referring to Dr. Zink's case this evening, has said there is no use of operating. That to a certain extent there is no use of operating I will grant. When the temperature was about 107 degrees, there was no use of operating, for she then had general sepsis. That was not at the time of labor, but about six weeks afterward. These abscesses came directly from the general sepsis, and she had general systemic infection when the temperature was 107 degrees. Perhaps I left the impression that nature never drained the Fallopian tube through the uterus, but I did not wish to leave this impression, for it is not my belief. I reported a case in which pus did enter through this way, but I do not know that it emptied through the Fallopian tube, and this patient did die from pus in the pelvis. They generally die from leaky tubes; they do not often leak from the distal end, but the patients do die from peritonitis without a correct diagnosis being made. I have seen more than five cases die from general peritonitis within the last five years, directly due to an accumulation of pus in the pelvis, and there is danger of them bringing on fatal peritonitis by going upstairs, jumping out of a carriage or dancing in a tight dress. I believe curetting and packing does good in selected cases. I do not believe the case reported to-night is past the danger point; no man can tell when she will have a fatal attack.

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PHILADELPHIA, FEBRUARY 24, 1894.

BRONCHO-PNEUMONITIS OR CAPILLARY BRONCHITIS?

There apparently exists more or less confusion yet regarding the use of these two terms.

As usually applied they mean one and the same disease. In reality the terms should only be applied to parts of the same disease.

The inflammatory process which ultimately results in a broncho-pneumonitis passes through three stages of pathological significance. viz: bronchitis of the large tubes (simple bronchitis), bronchitis of the small tubes (capillary bronchitis), and bronchitis of the small tubes and bronchioles with extension of the inflammatory process into the surrounding cellular tissue (broncho-pneumonitis.)

The whole inflammatory process is one of direct extension, and with energetic and proper treatment may be arrested in any of the three stages above mentioned.

Each stage has its distinctive symptomatic features, and this fact has done more toward confusing the application of the relative terms than the difference in the pathological anatomy of the several stages. The true application of the terms should be simply of degree, or stage of progression, and any one of them

is proper when applied to the right pathological condition.

Often the progression of the pathological changes of these stages is very rapid; especially is this true with the second and third stages. A child may develop from a simple bronchitis all the phenomena of bronchitis in the capillary tubes, together with the physical signs of localized dullness on percussion and other evident symptoms of local pneumonitis, all in a very short space of time.

The term "broncho-pneumonitis" is quite as terrorizing as any other for a condition of so much danger as is evidenced by either of the two latter stages of this disease. Ignorant persons at once associate it with the disease so destructive to cattle, and are willing to give their children all possible attention.

THE PRESENT STATUS OF CANCER TREATMENT.

Have we made any important advance in the therapy of cancer?

Have the rapid advances in the researches in morphology or bio-chemistry shed a single ray of light on the specific elements, the fons et origo, of this truly melancholy malady?

It was supposed when Koch discovered a definite bacillus, in certain types of pulmonary phthisis, and that this germ was capable of transplantation, that we had the key to the cure of tuberculosis. At once a new system of surgery was instituted for local specific lesions; which time has proven to be fallacious and illogical.

A protozoon, it is alleged, has been found in cancer lesions.

Is cancer a disease which disseminates itself from a local infection, or is it, as many of the older masters taught, an isolated expression of a constitutional malady?

As the indubitable nature of it has not yet been discovered, the question cannot yet be answered.

Sir James Paget has declared that it is a question whether the surgical operations, on the whole, prolong the life of cancer patients.

When an operation gives relief from pain, the agonizing pain of cancer, secures a lease of mental rest and tranquillity, and gives an additional period of health, it is clearly a justifiable procedure, but not under any other circumstances.

TO RAISE THE STANDARD OF MEDICAL EDUCATION.

A meeting of the committee of the Association of the American Medical Colleges was recently held, and the following resolutions adopted, to present to the association in June at San Francisco:

The committee agreed upon the following as necessary to admission to any of the seventy-one colleges forming the American Association:

English composition, in candidate's handwriting, not less than 200 words, composition to include spelling, punctuation, paragraphing and construction. Examination in arithmetic, algebra through quadratics, and elementary physics. Latin to the extent of one year's study as indicated by Harkness' Latin Reader.

Graduates or matriculates of reputable colleges and high schools of the first grade, or normal schools established by State authority, or who have successfully passed the examination provided by the State of New York, may be exempt from the requirements named.

Students deficient in one or more branches named as requirements shall have time until the beginning of the second year to make up such deficiency; provided, however, that students who fail in any two of the requirements in this second examination shall not be admitted to the second course.

A resolution was adopted to recommend to the association that after the year 1895 no medical college shall be permitted to remain or become a member of the association that does not provide either for a three-year course of eight months' study or a four-year course of not less than six months in each year.

A sub-committee was ordered to be appointed to prepare a curriculum of studies in the medical colleges providing for the minimum of time and lectures to be devoted to each one. This sub-committee will report to the general committee at the San Francisco convention.

We would suggest that the committee also recommend the introduction of a branch chair in the various colleges for the study of medical journalism.

ECLECTICS AND LIFE INSURANCE COMPANIES.

Dr. J. K. Scudder, of Cincinnati, O., under the instructions of the Ohio State Eclectic Association, has been writing the various life insurance companies asking whether the latter employed eclectic physicians as examiners or not.

He found seventeen that did, three that did not, and eleven that failed to reply to the question.

We fail to see the charge of discrimination in any, and also fail to see why a company may not justly employ any physician, or class of physicians, whether he be the so-called "regular," "eclectic," "homœopathic," or quack, if the company see fit. It is the company that loses by employing incompetent physicians of any class or sect; but this is not saying that we consider any quack as a competent physician for an insurance company, or that a well-educated physician of any school is incompetent on account of his therapeutic peculiarities for he is not usually called upon to exercise that part of his ability in insurance examinations. What we do say is, that as the companies bear their losses, they should be allowed their own selection of physicians, to suit their own judgment, without resolutions of any sectarian society.

DR. FOX VINDICATED.

Judge Biddle unhesitatingly granted a non-suit yesterday in the case of Henry L. Hershey against Dr. L. Webster Fox.

It appeared that Dr. Fox had been practically the plaintiff's family physician for about eight years, and had operated upon one of his eyes for cataract. The operation, unfortunately, was only partially successful, whereupon the patient sued the surgeon. Dr. Fox had been rewarded for his services with the sum of \$10.

The Judge said there was not the slightest evidence of malpractice, and characterized the suit as a case of "base ingratitude."

Book Notes.

TRANSACTIONS OF THE SIXTH ANNUAL MEETING OF THE NATIONAL ASSOCIATION OF RAILWAY SURGEONS.

This volume contains the papers, minutes of the meeting, roll of officers for the ensuing year, addresses and roll of members of this association at the annual meeting held in Omaha last June.

The papers consist of much valuable material of benefit to the railroad surgeon. Among them are the following: "Railway Surgery in Law and Medicine," by Clark Bell, Esq., New York; "Clinical Reports," by Dr. George Chaffee, Brooklyn; and "Experimental Research," by Dr. Thomas H. Manley, New York, the latter of whom was elected second vice president of the association. The meeting is to be held this year in Galveston, Texas.

PROCEEDINGS OF THE PHILADELPHIA COUNTY MEDICAL SOCIETY. Vol. 14, 1893. Edited by Louis H. Adler, Jr.

As usual this valuable volume contains the papers of the Philadelphia County Medical Society, which are to be taken as symbolical of the medical work in Philadelphia during the past year.

PHILADELPHIA HOSPITAL REPORTS. Vol. 2, 1892. Edited by C. K. Mills, M. D., and James W. Walk, A.M., M.D. Published by J. B. Lippincott Co.

This work is admirably prefaced by a picture of Dr. D. Hayes Agnew. It contains less historical matter than the first volume, but many additions have been made in the article on clinical teaching. There are biographical sketches of Dr. Agnew and of Miss Alice Fisher. The scientific material is valuable, containing numerous hospital reports of clinical teachings.

A TREATISE ON HEADACHE AND NEURALGIA. By J. L. Corning, M. A., M. D. Published by E. B. Treat, No. 5 Cooper Union, N. Y. Price, \$2.75.

This is the third edition within six years, which fact speaks well of any work. It is excellently bound and printed on fine paper.

The main features of this edition is a chapter on the localization of the action of remedies upon the brain. The subject of eye strain, as the cause of headache, and its treatment is dealt with in an appendix.

The main work is divided into five parts, devoted to the following topics: First, headache; second, neuralgia; third, historical considerations of treatment; fourth, irritative conditions of the spine; fifth, considerations of normal and morbid sleep.

A PRACTICAL TREATISE ON THE DISEASES OF THE HAIR AND SCALP.

Edited by George T. Jackson, M.D. Revised and enlarged. Published by E. B. Treat. Price, \$2.75.

This is the second edition of this work, first published in 1887. The chapters have been carefully revised and corrected. New articles appear upon folliculitis, declavans, lepothrix and aplasia pilorum propria; also many new sections to the old chapters have been added. A number of new illustrations have been inserted in the text. This is an excellent work for those desiring a careful and thorough work upon diseases of the scalp.

FUNNY BONE. A book of mirth for doctors, etc. Published by the Funny Bone Publishing Company, No. 1421 Market street, St. Louis. Price 50 cents.

If you feel in a good mood to relish a number of good jokes mingled with some poor ones, or if you feel blue and tired out from night work or long drives this book is well worth the price asked as a rejuvenator of drooping spirits.

It is amply illustrated by artists whose imaginations have carried them much beyond the plane of reality; nevertheless this is to be expected in a book of mirth.

AUTOBIOGRAPHICAL SKETCHES AND PERSONAL RECOLLECTIONS BY

GEORGE T. ANGELL.

This is a pamphlet by the same society; contains many short, interesting sketches of Mr. Angell's work for and among dumb animals.

BOOKS AND PAMPHLETS RECEIVED.

THE MODERN CLIMATE TREATMENT OF INVALIDS WITH PULMONARY CONSUMPTION IN SOUTHERN CALIFORNIA. By P. C. Remondino, M. D. Published by George S. Davis; Detroit, Mich.

CHRONIC ENDOMETRITIS. Its Etiology, modern methods in diagnosis and treatment. By Charles G. Cannaday, M. D., of Roanoke, Va.

Bureau of Information.

Under the Charge of W. F. WAUGH, A. M., M.D., Chicago, 834 Opera House Block.

LA GRIPPE, WITH NEURALGIA AND MORPHINISM AS SEQUELS.

I have noticed a description by you of your recent attack of la grippe. I must confess that your elastic and recuperative powers excel mine; though I am an old man, and you apparently young. The force of the poison causing this disease must fall exclusively upon the nerve centres. The motor and the sensory systems seem to receive the force of the stroke, and it ought to be classed as a neurosis. Of all the agonies on earth I think it is the most overpowering; and as there is such a general and special pain, I think every muscle supplied by a nerve is a sufferer.

My attack was attended by an acute neuralgia of the left eye, ear, jaw and nose. Suppuration followed from the frontal sinus, and the antrum became involved. After consulting with seven of our doctors nothing seemed available but morphine in decided doses.

I now find, after the use of morphine for two months, that I cannot even do without it. While I could not properly be classed as a habitue, I still find when I attempt to withhold the morphine my neuralgia returns; and the impressive calls for the morphine by the craving nerves produce an awe that causes me to raise my hands in holy horror, in dread of parting with the morphine. I have tried several substitutes, very powerful agents, but to no purpose. I have had more support, and, I believe, relief, with an unflinching confidence in my ability to overcome the habit, from Gross' anti-neuralgic pills. If there is any remedy for the morphine please give it to me. I am of a sanguine, nervous temperament, never could bear pain, and have been actively engaged in practicing medicine for 49 years. I never was ill until last year, when I was taken in July with an old-fashioned bilious fever and nervous prostration, and lay 14 weeks. It was due to overwork in very hot weather. I had not fully recovered when the grip seized me.

J. C. R.

(A man over 70 years old should not

have been put on morphine. Now the habit is formed, although he does not yet realize it. But with him the cure must begin with the neuralgia, for otherwise he could not do without some analgesic. I think there is a mechanical course for this neuralgia, and would urge an examination of the course of the nerve. It would be impossible to treat such a case at his home; and unless he can come to the city for treatment he had better continue the morphine. I should make an effort first to break the disease by the use of phosphorus, strychnine, arsenic and quinine, with full feeding and hypodermics of theine in chloroform water; but I think this case will require surgical treatment.

W. F. W.

VOMITING OF PREGNANCY.

My wife is pregnant for the second time. She had a severe time while pregnant before, being terribly sick, etc. She has probably been pregnant this time for two months, and is very sick; vomits two or three times every day, and spits up at least a pint every day. I have tried several remedies, such as cerium, bismuth, cocaine, pepsin, magnesia, and, in fact, about everything. Wishing you success in your new field, I am fraternally yours,

J. A. J.

(If the os uteri be sensitive apply tincture of iodine to it, through a glass speculum, being careful not to let the fluid run down on the vagina. Apply every third day, if needed. After this apply a teaspoonful or two of the firmest petrolatum you can find, and a little cotton or wool tampon to prevent its loss. Remove at once if any irritation ensues. If there is no irritation there treat as for gastric catarrh; giving a glass of hot water an hour before each meal, with 10 grains of sodium carbonate. Then just before eating give a tablet of bismuth, pepsin and zinc sulpho carbolate. If she cannot take other food give 10 drops of bovine in a spoonful of malt extract every half to two

hours, gradually increasing the dose as it is tolerated. Sexual intercourse usually aggravates this trouble. A dry cup over the epigastrium may give great relief; or, better, one of Wyeth's crystallized liniment cones applied over the right pneumogastric in the neck—along the anterior border of the sternocleidomastoid.

W. F. W.)

LACTIC ACID.

I wish you would tell me how to use lactic acid about the throat. Do you change the strength in applying it to different affections, or just use it full strength for everything when it is indicated?

J. R. A.

(In diphtheria of the throat Mackenzie used a spray or pigment of one part to twenty-four of water. Rafin employed it in an eighty per cent. solution with success in tuberculous ulceration of the tongue. The strength to be used depends on the case. For mild cases, or when the membrane is delicate, begin with a five per cent. solution, and increase the strength as the results demand. In malignant diphtheria apply the full strength at once, and often. Blood is turned brown by lactic acid. The surface should be cleansed as well as possible before applying the acid. It has been injected with good effect (ten per cent.) into growths and infiltrations.

W. F. W.)

New York, Feb. 2, '94.

W. F. Waugh, A. M., M. D., 834
Opera House Block, Chicago, Ill.

Dear Doctor—We notice in "The Times and Register" of January 27, under the department headed Bureau of Information a communication from E. O. Plumbe, M. D., making inquiry regarding the treatment for consumption instituted by Dr. Amick, under which appears an answer over the initials W. F. W., which we presume, of course, refers to you. With reference to the answer of Dr. Plumbe's inquiry we desire to say that while it is possibly true that Dr. Amick's advertisements did not appear until after the publication of Dr. Shade's method of treatment, the Cincinnati Post published columns concerning Dr. Amick's theory

and treatment about a year prior to the publication of Dr. Shade's idea, and Dr. Amick instituted his treatment not less than 12 years previous to this. Further, we can state positively that neither calomel, iodoform or guaiacol are used in the Amick treatment. This statement is easily susceptible of proof. Dr. Amick also insists that he did not copy Dr. Shade's language or anything else emanating from it. In order that you may have ample opportunity to investigate the value of Dr. Amick's treatment for consumption, and also to afford you the chance to examine the medicines that comprise this treatment, and to satisfy yourself that it contains neither of the ingredients previously mentioned, we shall send you by express prepaid a regular outfit similar to that which we are furnishing physicians every day. We should be very glad if you would take opportunity to have these remedies tested to your satisfaction, and give us the benefit of your experience.

Yours, very sincerely,
NEW YORK DEPOSITORY, THE AMICK CHEMICAL COMPANY.

Per M. G.

The foregoing letter has been received from the Amick Company. Under no circumstances could I employ these remedies upon my patients without knowing what I was using.

W. F. WAUGH.

BOOKS.

Will you please inform me where the works of Rev. E. A. Abbott and Campbell's "Handbook of Synonyms and Prepositions" can be bought, and the price also? Can you get in pamphlet form Garretson's address on the "Philosophy of Man?"

Please publish in the "Times and Register."

R. MAC NEILL, M. D., Stanley Bridge, P. E. Island.

(Abbott's "How to Write Clearly" is published by Roberts Brothers, Boston, Mass.

Campbell's "Handbook of Synonyms" is published by Lee & Shepard, Boston, Mass.

Both cost about 50 cents apiece.

Dr. Garretson's lectures on philosophy will not be published in pamphlet form. Should advise you to get his "Man and His World" or "Nineteenth Century Sense," published by the J. B. Lippincott Company, Philadelphia, Pa.

EDITOR T. and R.)

Surgery.

Under the charge of T. H. MANLEY, M. D., New York.

LAMINECTOMY FOR FRACTURE OF THE SPINE.

The author presents a highly interesting article, including the full report of cases. He opens by setting forth what has been accomplished by McEwen, Horsley and others in advancing brain surgery, and says that special surgery is but in its infancy.

His patient was a man of 65 years, who was injured by a fall backward, from a donkey cart, striking on the back of his head. Immediately after injury it was found that he was completely paraplegic with fecal and urinary incontinence besides. Shock was present and there were evidences of injury to the vertebral column in the cervical region.

On the day following admission to hospital an operation was performed, in which all the arches from the first to the seventh cervical vertebral arches were exposed. Several of them were found punctured and shattered, and those of the fourth, fifth and sixth were removed. There was no blood in the canal and the cord, which was exposed, seemed healthy.

The wound was closed and the patient went to bed. At first there seemed some improvement; but, on the next day he sank, dying of dyspnoea. This was three days after entrance.

On post-mortem examination there was found in addition to the vertebral arches a fracture through the body of the third cervical vertebra. There was very little blood present and no displacement of the fragments of the fractured body.

The author regards it as axiomatic; that when the cord has been completely severed transversely or has been crushed at one point operation is hopeless; and, on the contrary, when the cord has been only compressed and is not structurally disorganized to any serious extent, we may operate with a reasonable hope of improvement or entire recovery. Therefore, he adds, the first problem is obviously in all cases one of diagnosis. And, he inquires, are these symptoms by which one can separate one class from the other?

He proceeds to answer this question by an appeal to physiology. He says that when mobility alone is abolished by a spinal injury, but sensation and the reflexes are intact, there is not complete destruction of the cord, though, when these are all in abeyance, the cord is hopelessly destroyed.

He denies that there are independent reflex centres and supports Bastian's views, that none such exist, and, with Thornburn, alleges that it has been conclusively demonstrated that "all functions are abolished in the spinal cord of man, completely below an injury of the cord, which entails its complete severance."

He places but little reliance in those deductions derived solely from experimentation, and those "intellectual gymnastics" of modern neurologists, which are so popular at the present day.

OMPHALECTOMY FOR RADICAL OPERATIONS OF UMBILICAL HERNIA.

Professor P. Bruns describes a method which was resorted to accidentally by Keen (Medical News, 1888, Feb. 25), and taken up by Condamin. Bruns' patient was a woman of 26, mother of three children, very stout. An irreducible umbilical hernia of the size of a child's head had formed, and increasing inability to work forced the patient to an operation.

An incision of 16 cm. (6 inches) was made, beginning and ending in the middle line and following the right side of the basis of the tumor; it was extended through the abdominal wall and peritoneum.

The hernial ring was opened from inside, the omentum detached and partly removed, and finally the incision of the abdominal wall was continued round the left side of the basis of the hernia. Thus an ellipsis containing the hernial ring and sac was removed. Careful suture, numerous stitches, including the whole abdominal wall and the peritoneum, and suture of the skin. No drainage. Primary union with a fine linear scar.

Bruns mentions two operations of this kind by Condamin and Pollosson.

—Centralblatt f. Chirurgie.

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

ANALYSIS OF LIQUID OF ALBUMINOUS PERIOSTITIS.

Hougouneuk, professor of medical chemistry at Lyons, presented to the Academy of Medicine a very interesting paper, on the analysis of the sub-periosteal liquid, which accumulates between the membrane and the bone in the rather rare disease named albuminous periostitis. The disease has been vaguely attributed to the rheumatic state; tuberculous diathesis.

The analysis established the fact that this liquid is analagous to that of joint effusions. It contains, and in the same proportions, albuminous matters formed by a mixture of serine and nuclea-albumen, urea, succinic acid, a variable amount of oil, salts, among which sodium chloride predominates, with carbonate of sodium and phosphates.

This composition is almost identical with that of synorial effusions and especially that of hydroarthrosis, this is perhaps, due to analogy of the causes of these two pathological conditions. the liquid is nearly imputrescible, even after exposure to the air in summer, due to the absence of leucine, tyrosine, etc.

—Bulletin de l'Academie de Med.

HEADACHE.

Dr. Lauder Brunton says that one great difficulty which is to be met with in treating nervous headaches, or so-called bilious headaches, is that once the headache has become severe both secretion and absorption from the stomach are generally arrested, and that any medicine which is taken by the mouth when the headache is fairly begun lies in the stomach unabsorbed and useless. Consequently it is sometimes almost imperative to treat such cases, when the headache is intense, by the subcutaneous injection of morphine. It may not infrequently be noticed that if the headache comes on shortly after food has been taken, for example an hour or half an hour after breakfast, the secretion will have occurred before the pain has commenced, and the gastric juices will dissolve the food. But the food will

not be absorbed and will be brought up in full quantity, but well digested, many hours afterwards, say in the evening. Should the headache, however, have become well established before breakfast, and food be taken, notwithstanding the pain, the gastric secretion is often arrested, so that the food will be returned, unchanged, at night.

In consequence of this want of absorption, drugs administered by the mouth, after the pain has become severe, are of little or no use; but if taken before absorption has ceased, they frequently act like a charm upon the headache.

This is especially true of antipyrine. Some very severe cases call for subcutaneous injection of morphine. Dr. Brunton highly praises a combination of salicylate of soda and bromide of potassium in these headaches, about half a drachm of bromide and 10 or 15 grains of salicylate in half a tumbler of water, at bedtime, and again in the morning, if necessary.

TREATMENT OF ACUTE ORCHITIS.

A new treatment for acute orchitis by M. Thiersy is described in the St. Louis Med. and Surg. Journal. It consists of applying a solution of carbolic acid (2 per cent.) by means of a steam atomizer upon the inflamed organ. The author claims this to be superior to emollient applications, but it is not free from all danger; it positively abridges the duration of the inflammation, however, which subsides within three or four days.

DEGENERATIONS OF THE SPINAL CORD.

M. Marie. Certain lesions of the cord, those of the white matter, are dependent on primary lesions of the anterior or posterior horns of the gray matter. Alterations of the cell of the anterior columns of the gray matter may determine secondary degenerations of the antero lateral columns of the white matter, and the same as regard the posterior columns. The degeneration is due to polio-myelitis.

—Revue Medicale.

Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., New York.

HYDRO-ELECTROLYSIS.

M. C. Dr. Larat has submitted a entire surface of the body, through electric" method in medicine. His conclusions are as follows:

The alternate current applied over the entire surface of the body, through the medium of both limbs, is a powerful stimulant of animal nutrition.

2d. It will not only ameliorate, but it will also permanently cure, many affections which have their origin in malnutrition, or defective metabolism; as eczema, sub-acute rheumatism, sciatica, or the different types of arthritism obesity, chloro-anemia, lymphatism or rachitism in children.

3d. It acts well in local or general, muscular atrophy and in every type of paralysis, or infantile pulse. moist regions are deprived of a normal

PELVIC INFLAMMATION.

Given a case of pelvic inflammation, what plans of treatment can we pursue to allay the inflammation and, if possible, to prevent formation of pus? As a rule these are not cases of pus from the start, and the first indication is to relieve pain. I pass over many drugs whose action is well known, and speak of the local treatment. In the first few days it will be almost impossible to use any treatment whatever locally. The pain and tenderness is so great that none can be tolerated, but after free purgation we can apply loose tampons of glycerine over the irregular masses that can be felt under the finger.

The effect is sometimes very striking. The swelling is frequently rapidly reduced, but much depends upon how the applications are made. After the tenderness has grown less and after a few days have elapsed, the negative pole of a galvanic battery may be applied. Once every 48 hours is enough, and not over 20 milliamperes for not over 10 minutes. The effect upon the pain from this application is not infrequently simply won-

derful, and certainly the swelling does diminish. I cannot be mistaken surely in the effect that I have seen produced, notwithstanding that so much has been said by better men against it. Under its influence I have certainly seen lumps, masses—hard, tender masses—in the broad ligaments disappear, the uterus become movable, and the hardness of the vaginal vault disappear.

—Medical and Surgical Reporter.

THE ELECTROLYTIC TREATMENT OF TUBERCULOSIS OF THE LARYNX.

BY DR. HERGNY.

The author mentions as the chief indications for electrolytic treatment that hard, diffuse and tumor-like infiltrations of the glottis can, very often, be only partially removed with Landgraf's Curette, and that this operation leads often to dangerous hemorrhage.

Moreover, he found that chronic tubercular chondritis without or with merely superficial ulceration resist the treatment with lactic acid. Tubercles of the inner aspect of the epiglottis and tumor-like infiltration of the aryepiglottis ligaments, if small and circumscribed, can readily be destroyed with electrolysis (unipolar method).

It is necessary that the patient should be well trained for intralaryngeal operations, and under sufficient local anaesthesia. The current is controlled by rheostat and galvanometer, and tested on a little piece of meat. Hergny uses current from 20 to 50 milliamperes during 1.2 minutes.

Hergny considers this merely as a method that would become valuable if the patient is afraid of the surgical treatment, or where the latter is too difficult. Electrolysis is more painful, requires more time, and also much practice.

On the whole, Hergny is not enthusiastic over the treatment of tuberculosis of the larynx.

—Memorabilien.

Ophthalmology.

Under the Charge of J. D. TENNEY, M. D., Boston.

SYNCHISIS AFTER OPERATIONS.

Among the unpleasant sequelæ following operations for glaucoma, degeneration of the vitreous humor, or synchisis, is one of the most common, especially if the disease has been neglected, as is usually the case.

Patients with glaucoma almost always put off an operation until the vitality of the eye is destroyed by the pressure within. They are unwilling to have an operation as long as they can see anything. When they finally come to the conclusion that blindness is right ahead, they consent to have something done.

If an operator is wise, he will refuse to do anything at this stage; for the vitreous humor will be pretty sure to turn to fluid, and the surgeon then will get the credit of spoiling the eye. It is better not to undertake desperate operations.

If operations for glaucoma were instituted as soon as a diagnosis was made, when the vision began to fail, we should probably have a much higher rate of successes than statistics now show. But most patients try to put off the evil day, and thus rob themselves of the last chance. It would be a most interesting kind of work to collect statistics of these cases, if they were attended to at the proper time.

J. A. T.

KERATITIS PUNCTATA SUPERFICIALIS.

A typical case of this rather rare disease was seen not long ago by the writer in the Suffolk Dispensary. The patient was a man about 45 years old, who was apparently enjoying a fair degree of health.

A cluster of well-defined grayish dots was to be seen upon the centre of the cornea. The motion of the iris was pretty sluggish, and there was considerable pain, photophobia and lacrymation.

If a practitioner made a hasty exami-

nation, and did not weigh the symptoms carefully, he might easily take the disease to be serious iritis. The sluggish pupil points to that disease, as do the dots in the cornea, unless they are carefully located.

A careful inspection of the cornea with the ophthalmoscope, with --|-5, D. back of the mirror, and oblique illumination, revealed the fact that the opacities were situated immediately beneath Bowman's membrane, the corneal epithelium being pushed forward in the form of small, irregular projections.

The patient could assign no cause for the disease, unless it was exposure to cold. It was not accompanied by any bronchial catarrh or fever.

The yellow oxide of mercury ointment, diluted, was used once a day, and atropine solution, one-half per cent., was instilled into the eye three times daily. After a time a little eserine was added to the atropine. Only one eye was affected.

In about three months the eye got well. The ciliary muscle was completely paralyzed for that length of time. Many practitioners are afraid of the continued use of a paralyzer like atropine; but when it was discontinued in this case the eye recovered perfect vision as quickly as it would have done if it had only been paralyzed for a week. This appears to show that the full effect of atropine may be exerted upon the muscular fibre of the iris and ciliary body indefinitely without being followed by any injurious effects.

J. A. T.

TREATMENT OF EARACHE IN CHILDREN.

Mr. Atkin, of Sheffield, advocates, in cases of earache due to catarrh occurring in children, the breathing into the ear by the mother or a nurse, and the internal administration of aconite. In severe cases he considers that blistering fluid, leeches and incisions may be found necessary, and that a solution of atropine, morphine and cocaine should be instilled into the affected ear.

—Brit. Med. Journal.

IMPOTENCE.

R Tinct. phosphori..... Gram.
 Tinct. cantharidis..... 14
 Elixir simplicis..... ad 160
 M. Sig. One teaspoonful three or four
 hours before retiring. Increase the dose
 carefully.

R Ext. cannabis indicæ..... Gram.
 Ext. nucis vomicæ..... aa 1
 Ext. ergotæ aq..... 4
 M. ft. pil no xxx.
 Sig. A pill morning and evening.

DA COSTA.

PROSTATITIS.

R Schthyl 015
 Extr. bellad..... 015
 Butyr cacao..... 150
 M. f massa, ex. qua. formentur. Suppo-
 sitoria x.

Sig. To be introduced once or twice a
 day after a movement of the bowels.

Ullman, in Memorabilie.
 R Ammon. sulfo-ichthyolic. 0.3-0.6-0.75
 Ol. cacao..... 2.0-2.5
 Misce exactissime f. suppositorium.

Sig. Used as a rule twice every day,
 one in the morning after a movement of
 the bowels, and one in the evening before
 going to bed.

Miscellany.

THE ALUMNI ASSOCIATION OF THE MEDICO-CHIRURGICAL OF PHILADELPHIA.

A meeting was held on Friday even-
 ing, January 16, in the amphitheatre of
 the college. Papers were read by L.
 Webster Fox, M. D., on Retinitis Al-
 buminurica, and by E. B. Sangree, M.
 D., on Medical English, the former of
 which appears in other columns of this
 journal.

A paper on Functional Constipation,
 by W. Blair Stewart, M. D., was post-
 poned until next meeting, on account of
 the absence of Dr. Stewart.

Dr. Sangree's paper touched on the
 pronunciation of medical terms, the
 main drift of which was, that whether
 we use the English or Continental pro-
 nunciation, we should stick to the one
 preferred, and not render ourselves sub-
 ject to ridicule and criticism by using
 both in the same sentence; also, that
 teachers of medicine should be particu-
 larly careful in grammatical oratory be-
 fore their students.

The discussion was participated in by
 Professors W. H. Pancoast, J. E. Gar-
 retson, J. M. Anders, E. LaPlace and
 others.

For the Intelligent Voter the Coming
 Year Will Be Fraught with More
 Interest Than a Campaign. By
 What is Done This Winter the
 Fate of Parties and the History of
 Government Will Be Determined.

The most valuable paper that comes
 to this office is "The New York World."
 Fearless and independent, working at
 all times for the best interests of the
 people, and never for the selfish ends
 of any ring or individual, supporting the
 right and condemning the wrong where-
 ever found, it becomes a great power
 for good throughout the land. Its policy
 is defined by its well-known motto:
 "Equal Rights to All, Special Favors
 to None." The reputation of "The Week-
 ly World" as an incomparable newspa-
 per is fully established. It reaches for
 the very best and fullest news of the
 entire country, and gets it. The cele-
 brated "Tariff Mule" articles are again
 running in the weekly and are creat-
 ing widespread attention. Its miscel-
 laneous pages are replete with articles
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 column paper for only \$1 a year. We
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 rangements by which we can furnish
 "The Times and Register" and "The
 Weekly World" one year both for only
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 delphia, Pa.

NAVY CHANGES.

Changes in the Medical Corps of the
 United States Navy for the week ending
 February 17, 1894: Surgeon A. F.
 Price ordered to the Torpedo Station,
 Newport, R. I.; Surgeon H. E. Ames
 detached from Torpedo Station and to
 the Richmond; Assistant Surgeon M.
 W. Barnum ordered to temporary duty
 on the Ranger; Assistant Surgeon M. W.
 Barnum upon the reporting of relief,
 detached from the Ranger, ordered home
 and wait orders; Pd. Assistant Surgeon
 G. T. Smith, detached from Naval Hos-
 pital, Chelsea, and ordered to the Ran-
 ger; Assistant Surgeon M. R. Pigott,
 detached from Richmond and to Naval
 Hospital, Chelsea; Pd. Assistant Sur-
 geon T. B. Bayley, detached from the
 Machias and to the Richmond; Pd. As-
 sistant Surgeon Jas. F. Keeney, died on
 board the United States steamship Ran-
 ger, February 10, 1894.



The Times and Register.

VOL. XXVII. No. 9.

PHILADELPHIA, MARCH 3, 1894.

WHOLE No. 808.

Original.

REPORT OF A CASE OF TWO SEPARATE AND DISTINCT UTERI, CENTRALLY SITUATED AND NOT CONNECTED.

BY HANNAH T. CROASDALE, M. D.,

(Read January 24, 1894.)

The patient, aged sixty-three years, mother of three children, was admitted to the Woman's Hospital for treatment for an abdominal tumor.

Twenty years before she noticed some enlargement of the abdomen, and in five years it reached, she thought, its present dimensions. No discomfort was felt (except from the size) until recently, when she experienced pain and pressure symptoms, and the bladder and rectum became very irritable.

The menopause occurred at fifty, and at that time the woman was confined to bed for several weeks, but there was no especial reason given for this, or she forgot just why she was in bed for that length of time.

Her condition on admission was not very good, although no definite trouble could be found except a systolic heart murmur. Lungs and kidneys were in good condition.

Pelvic examination externally showed a regular enlargement of the abdomen, and there was percussion-dullness from symphysis pubis to umbilicus and almost from crest to crest of the ilia, with a small area of tympany on the left side. The measurements, as noted, are as follows:

From umbilicus to ensiform cartilage $8\frac{1}{2}$ inches.

From umbilicus to pubic symphysis 12 inches.

From umbilicus to right anterior superior spinous process of the ilium $10\frac{1}{2}$ inches.

From umbilicus to left anterior superior spinous process of the ilium $10\frac{1}{2}$ inches.

On making digital examination per vaginum the cervix uteri seemed small, apparently having undergone senile atrophy, and it was pushed backward and high in the pelvis, the whole uterus being pushed backward. I thought the fundus looked forward, but the uterine sound did not pass readily, hence its use was not persisted in.

What seemed to be a fluctuating tumor was appreciated per vaginum to the right of this uterus and above the brim of the pelvis, and a small, tender mass was felt in the right parametrium. The patient complained of pain and tenderness when touched, especially on the right side.

Diagnosis: Fibro-cystic tumor of, probably, the uterus.

After the usual preparation the patient was etherized and the abdominal cavity opened. On opening the peritoneal cavity the omentum was found to be greatly thickened and congested and extensively attached to the tumor beneath it and to the pelvic walls. It was necessary to ligate and cut in many places, and upon pushing the omentum aside the tumor looked pale and felt and looked like a fluctuating mass. A trocar and canula being used, I was surprised that no fluid flowed through the canula.

The incision was now extended in the abdominal wall upward sufficiently to admit of the withdrawal of the mass entire.

A small nodular mass attached to the lower part of the tumor, having the shape and size of the uterus and being furnished with what seemed to be the uterine appendages, was drawn out of the lower end of the wound and was found to be attached to a small cord-like pedicle to the pelvic brim, a little below the crest of the left ilium.

Another body, to all appearances a uterus with its appendages, was found in the pelvic cavity and fixed by the usual attachments, but had been crowded into Douglas' pouch.

The slender pedicle, not larger than a pencil, which tethered the smaller mass to the pelvic wall was ligated and cut.

The tumor being now freed from its attachments, which were ommental entirely, was lifted from its bed. This growth must have derived most, if not all of its nourishment from the establishment of the circulation through the omentum, for it had almost severed its attachment from other structures, and the ommental vessels were enormously enlarged.

The abdominal cavity was cleansed and the opening closed with silkworm sutures, the dressings applied, and the patient was put to bed. Reaction was prompt and good. The temperature for the first four days ranged from 99 degrees F. to 100.4 degrees F. It then rose, and on the sixth day reached 102.6 degrees F., and on the ninth day 105.4 degrees F., when she died of sepsis.

The autopsy showed purulent infiltration at various points in the pelvic cavity. There was also found at autopsy a uterus and appendages in a healthy condition and in the proper position.

Sections from this little body, which hung from the large tumor, were sent to two pathologists. One reported the specimen as being that of the structure of a fibro-myoma. The other pronounced it uterine tissue, and some structure resembling the endometrium.

If this is a separate and distinct uterus, and I think it is, it is an unusual case, a unique case.

We know that bodies which are not properly situated are not well organized, and take on disease very readily. This second uterus had developed from its cervix a fibro-myoma. As it grew too large for the pelvic cavity and rose above the brim, the little organ was inverted and so hung suspended from it.

It measures from the internal os to the fundus one and one-quarter inches. The length and size of the cervical portion is exaggerated, evidently from the tension upon it, but as it was cut open in the fresh state it showed quite distinctly the arbor vitae arrangement of the mucous membrane lining the canal, and the lips and cervical canal were quite natural in appearance. The os internum on the left side admits the passage of a small probe, which passes a little distance along the Fallopian tube. On the opposite side the opening would not admit of the passage of the probe. There are two small ovaries which, on being cut open, showed on microscopic inspection ovarian tissue. No microscopic examination of this tissue has been made.

A NEW METHOD FOR EXAMINING THE KIDNEY, ESPECIALLY FOR STONE.

ABSTRACT OF A PAPER READ BEFORE THE PHILADELPHIA COUNTY MEDICAL SOCIETY, BY CHARLES P. NOBLE, M. D., JANUARY 24, 1894.

I desire to report a short history of the following case, together with an exploratory operation which I performed to enable me to examine her kidney, including the pelvis of the kidney and perhaps one inch of the ureter.

(The case here reported was symptomatic of stone in pelvis of right kidney).

My experience in performing nephrorrhaphy for movable kidney after the technique of Dr. Edebohls, has taught me the facility with which a movable kidney can be drawn out through an incision can be drawn out through the no one has ever treated a non-movable kidney in this way. It occurred to me that this might be feasible, and that at all events an attempt judiciously made could hardly be a source of danger.

Accordingly on December 12th I made the usual incision in the loin down to and through the peri-renal fat, exposing the lower end of the kidney. With the index finger the kidney was then separated from its connective-tissue attachments and gradually drawn down into and out through the wound, so that it was entirely outside. It was now a very simple matter to explore the kidney by thumb-and-finger pressure, and to make certain that it was in a normal condition. It was equally easy to examine the pelvis of the kidney and to determine that this contained no stone. Perhaps one inch of the ureter also was within reach.

As nothing abnormal could be felt, the kidney was replaced within the abdomen and the incision was sutured in the usual way—buried silkworm-gut sutures being placed in the muscular layer, and superficial silkworm-gut sutures in the skin. No unfavorable reaction followed this operation, and so far as the operation itself was concerned the patient made an uninterrupted recovery. Unfortunately the operation has produced no effect whatever on the symptoms, which are the same now as before it was done.

I report the case simply to bring before you this method of examining the kidney. From my experience in this case and in cases of movable kidney, I believe it would be a simpler and safe matter in the hands of a skillful surgeon, who has had some experience in kidney work, to remove through an incision in the loin all non-suppurating kidneys having approximately the normal size, for the purpose of a careful examination. The procedure is certainly not one of much gravity, and when done under the conditions laid down should have no mortality. Tentatively I would recommend the adoption of this method of exploring the kidney whenever the symptoms point to the presence of stone in the kidney or its pelvis, and when these symptoms are of sufficient gravity to invalid the patient. I feel confident that as compared with the ordinary method of exploring the kidney through the depths of the incision in the loin, the kidney itself being largely or wholly above the level of the ribs, and imperfectly palpated because of its movability, or examined by means of a puncture with an exploring needle, that there can be no question of the superiority of the method proposed and herewith reported.

Upon theoretical grounds this procedure would not be applicable in cases of abscess of the kidney. Under these conditions, supposedly the kidney would be fixed and not easily separated from its connective tissue bed. Moreover, it would be enlarged, and in addition to this there would be the risk of rupturing the pus sac, perhaps inadvertently into the peritoneal cavity.

PROCEEDINGS OF THE CINCINNATI OBSTETRICAL SOCIETY, JANUARY 11, 1894.

PRESENTATION OF SPECIMENS BY DR. HALL.

Mr. President: To-night I wish to show some specimens of especial interest, because the patients who were operated upon had acute general peritonitis, temperature ranging from 102 to 105 degrees, and pulse 130-160, distended abdomen, chills and profuse perspiration. In one case I was criticised for advising an operation. The time for operation was believed by some to have passed, but an operation promised a chance, and without an operation the patient would die.

The first specimen, a large pyosalpinx

and suppurating ovary, was removed from a patient operated on at Columbus, O., November 26 last. I saw her at 12 o'clock Saturday night, and the operation was made early the following morning. The husband denied having had gonorrhea, although his physician said he treated him for it a year or so ago. I do not know that the woman was ever infected in this way. There was fully half a pint of pus in one side of the pelvis. An uninterrupted recovery followed the operation, and twenty days later the patient was able to be up, and is now thoroughly convalescent. After the end of five days the temperature was never above 100 degrees.

Dr. Taylor—"Did you wash out after operation?"

A.—"I irrigated thoroughly."

Q.—"Did you use a drainage tube?"

A.—"Yes; it is my practice after such operations."

The second case is that of a young woman, who has an infantile uterus measuring about an inch and three-quarters deep. About two and a half years ago I made forcible dilation of the uterus for dysmenorrhea, and then, while the patient was under chloroform, I discovered for the first time that she had an infantile uterus. She had been referred to me for relief from the dysmenorrhea. She is a strong, healthy-looking woman. At that time I could discover nothing wrong in the ovarian region, except the ovary on the right side seemed to be a little enlarged. She was a poor girl, and I told her if she would remain in the city, which she did, that I would take her as a charity patient and see what could be done by the use of galvanism to develop the infantile uterus. I used galvanism until July last; I was exceedingly careful not to infect her, always cleansed the vagina carefully, and used every known precaution. In July, after using a very moderate current, the next day she developed a severe attack of peritonitis, and was very sick for two weeks. I used the galvanism with one pole in the uterus and the other on the abdomen, sometimes using the positive and sometimes the negative pole in the uterus.

She recovered from the peritonitis after eight or ten days. I did not use any more galvanism; she went to the country, and while there had peritonitis again. She came back, about December 1, saying that she was in better health than ever before in her life.

About December 14 she was taken with a pain in the side of the abdomen. She came to my office and while there had a chill. After the chill her temperature went up to 102½ degrees. I advised her to go home, telling her it would pass off in a short time.

She did so, but came back the following day, saying she still had pain, and I gave her phenacetine in gr. v doses. Two days later she again came to the office and said she had a chill each day, and had had a chill that day. I put her on the examination table, but could not outline anything, owing to

the extreme tenderness of the parts. She went on from worse to worse, and in a short time came to have chills at regular times, and I sent her to the hospital and operated, removing a suppurating ovary and a pus tube as you see from the specimen. Whether or not the galvanism infected her I do not know, but I feel quite certain she never had gonorrhœa. One side had no pus, but was bound down by adhesions, and in the other side there was at least a teacupful of pus. This patient was in bed only about a week before the operation. She was in the worst of the peritonitis, was vomiting, and I could not get the bowels moved. She was exceedingly tender, the temperature was up all the time, and she had a rapid pulse. It looked like she might die in a few hours. I have seen such patients, apparently no worse, die in 24 hours without an operation, and I believe each one of these patients would have died in a short time without an operation. When we know the cause of the peritonitis, and can locate it, I believe we can save them by operating, and I believe the operation should be made.

DISCUSSION OF DR. HALL'S SPECIMENS.

DR. PALMER:

Mr. President, I do not have anything to criticize about these cases; the specimens seem to have justified the operations, and they are clear specimens. I have but this thought in my mind, in reference to case number 2, that is the case reported as one of infantile uterus in which galvanism was employed. Judging by the remarks of the speaker, one would infer that he laid the blame on the galvanism in producing the peritonitis. In that I entirely disagree with him. Although galvanism was employed, it must be borne in mind that other means were employed at the same time; the galvanism was utilized with a metallic electrode. The electrode probably did the mischief. There is not a doubt but that some septic material was inserted with the electrode. We sometimes see the same results when the sound is employed.

DR. HALL:

Mr. President, I do not agree altogether with Dr. Palmer. I believe the peritonitis or inflammation in that case was to a great measure due to the use of the electricity, and I believe it is not the only case in which untoward results have followed the use of electricity. I believe it is always dangerous, and is frequently about as injurious to the patient as anything, and I believe that was one cause if not the cause which produced the trouble.

DR. STANTON:

Mr. President, while I was working in the Presbyterian Hospital this patient with an infantile uterus came under my observation, and I made forcible dilatation. Later there was a little improvement, and the uterus increased in size, so it measured almost two inches.

I followed the case up; she remained under my observation all this time for the purpose of receiving this treatment, and I could have seen her any day except when she went to the country. I thought it was a good case to test the electrical treatment. I assure you I took every precaution not to infect her or carry septic material up into the uterus. I am strongly inclined to the opinion that I had infected her. I operated under protest, feeling I was the direct cause of her acute peritonitis, yet the operation was the only thing which could be done. The presence of the pus in the pelvis demonstrated the necessity for the operation, and the patient's recovery its utility. I am as confident as can be that the cause of the pus was the manipulation of the uterus necessary in using the electricity. I do not say whether it was caused by the electricity or the instrument, but it was caused by one of them. The question comes up whether or not in treating women for amenorrhea or delayed or suppressed menstruation, we should treat them and say to them that there is no danger. I believe there is danger from the use of electricity, if from no other cause than that of carrying the electrode into the uterus.

DR. PALMER.

Mr. President, A physician may employ a sound or an electrode with great care as to insertion, and not produce any pain within the pelvis at the time, yet not be scrupulously cautious as to its absolute cleanliness. A sound or an electrode should not only be aseptic but antiseptic. Ten times more harm is induced by the use of these metallic instruments for diagnosis and therapy by septic infection than by traumatism.

The same laws govern us with the curette.

DR. EDWIN RICKETTS.

Mr. President, A young lady, æt. 22, unmarried, with an unruptured hymen, came under my observation two years ago last May, suffering from attacks of pelvic cellulitis. The pain at the menstrual period was very intense. She had an infantile uterus, and it was suggested by one of my colleagues that it was a case for forcible dilatation, curetting and packing with iodoform gauze. This was done. I cannot say I know the instruments were absolutely clean, but I do know the usual methods were used in cleaning them, and I am satisfied that the instruments were clean when I commenced the operation. The pelvic cellulitis which followed the operation was simply terrific, and afterward I had to remove the appendages, which were prolapsed and adherent. I must confess I think there is something in traumatism to be considered, and sepsis is not all that is to be feared. In the case reported to-night, of infantile uterus, while we cannot say that the use of the electricity or galvanism was the exciting cause, yet everything in the history of the case goes to prove that those agents will set up a condition of that kind. A case of a myomatous uterus was re-

ported to the British Gynecological Association not long since, in which suppuration and sepsis followed the operation, and the patient came near losing her life.

DR. HALL.

Mr. President, I do not agree with Dr. Palmer, that to have sepsis we must necessarily use dirty or septic instruments. The danger is of carrying in something septic from the vaginal canal. I had a clean electrode and did the operation just as I had done perhaps fifty times before, always with care, especially so in this case, because she was exceedingly nervous and tender. A current of electricity that I could not feel would make her suffer great pain. I believe she was probably infected by carrying some dirt from the cervical canal into the uterus, plus the galvanism—one or the other or both combined. She was a virgin and there was no reason to believe she ever had gonorrhea. This inflammation and suppuration I believe was due to the introduction of the electrode, or the electricity, or both, and not because the instruments were dirty.

Dr. E. W. Mitchell: May I ask the doctor to define a little more clearly what he means by saying the trouble was due to the electrode or the electricity?

Dr. Hall: I do not know how the pus was produced, but know it followed the use of electricity, and I think it was caused by it.

I have tabulated this case and reported it conscientiously, not kept back anything or added anything. I think the cause of the mischief was the electricity or the use of the electrode. I believe she is better off without her appendages. A case of infantile uterus of this age would probably not have conceived had she married, but would have had to suffer ten or twelve days out of every month. The pus was in a sac which I believe to be a suppurating ovary.

I opened the pus sac and found the pus trickling out of the sac over my fingers while removing it. The specimens were not examined microscopically, but I have no hesitation in saying that this was the focus of the infection. The operation was made in December and the patient is now perfectly convalescent.

EXPERT MEDICAL TESTIMONY.

The older English and Continental practice seemed to be for the judges to be informed by experts, and to refer expert subjects to them. I came across the other day, in 2 Rolls' Abridgement, 578, a case which was before an English Court in 1668, of mayhem, where the Court held it to be proper to be informed by surgeons whether it was a mayhem, because their knowledge and skill could best discern it. After all

these years the English people have not improved on this much.

On the Continent each side calls experts, and the Judge also calls them as helpmeets (*informatores judicis*), in case he needs them. Some think that would be proper here. Then we have others favoring the appointment by the State of one or more experts, who should be State officers and trained in particular lines, and who should devote their attention exclusively to them. Others advocate the appointment of a certain number by the trial Court, when questions in the case at bar require expert testimony. Professor Vaughn, of the University of Michigan, advocates the appointment of three—one by the plaintiff, one by the defendant, and one by the trial Judge. Other plans are suggested by distinguished gentlemen, but to all there are serious objections, and, while the speaker has no pet plan of his own to put forward, he begs to suggest that if the preliminary questions above suggested, to wit: First—Does the matter in issue require the evidence of experts, and, second, if it does, is the witness presented as an expert possessed of the proper qualifications? If these two preliminary questions, I say, are carefully considered by the trial Judge, and answered without fear or favor, many of the difficulties arising out of the present practice will be swept away. A spirit of independence on the part of the Judge, and an honest desire to rule out charlatany and quackery, and rule in scientific fact and authority and nothing more, will accomplish much.

Outside of any bias the medical expert may have, and his desire to help either one side or the other, the chief difficulty with him lies in lack of preparation for the witness stand. It may be all summed up in this.

Take, then, thorough preparation on his part, together with the proper consideration by the judge of the two preliminary questions suggested, and we have an ideal presentation of the cause of medico-legal science in the Court room; we see the relative position of the judge and the witness and their respective duties properly understood and maintained. The result of a lawsuit conducted on these lines, when medico-legal questions are involved, ought to come very near exact and equal justice.

A. E. Regensburger, M. D., San Francisco, Cal., in the *Medico-Legal Journal*, Dec., '93.

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PHILADELPHIA, MARCH 3, 1894.

DIPHTHERIA.

This subject is always full of interest because there is always an element of uncertainty in its course, treatment and result.

That the profession has not yet mastered this disease is evident from the multiplicity of opinions concerning the best methods of treating it and the varied results obtained.

The results of a given treatment in the hands of one physician are often quite reversed when such treatment is administered by others. The cause of this is not always apparent, but presumably lies in the fact that all cases are not of parallel intensity or that one physician begins treatment early while another waits for well developed local manifestations.

Recent investigations tend to show that if the disease is energetically combated at its onset, the results are more likely to be favorable, than if treatment is postponed until a later period.

This should lead to dexterity in the early recognition of the affection; if possible before the false membrane appears in the throat. The specific diagnosis of this disease is not easy from the early symptoms and the dependence placed upon the local manifestations for diagnosis previous to anti-diphtheritic medication, wastes much valuable time for the successful treatment of the affection.

It is safe to say that mercuric form of treatment, begun early and energetically, gives the largest percentage of successes. There is very little preference to be given the two forms of mercury, the bichloride or calomel, but either must be given up to its physiological point of tolerance.

The latest opinion seems to indicate that the local throat lesions are more likely to be caused by deposits from the infected breath, exhaled over abnormal mucous membrane, than from any microbic influence from inspired external air.

It is of prime importance to keep the passages clean, and, withal, to use as little force to accomplish this as possible. The employment of a soft rubber catheter, passed through the nasal cavity, according to the suggestion of Dr. Jacobi, of New York, will render the efficient irrigation of the pharynx possible, without danger of tearing and abrading the inflamed mucous membrane.

Peroxide of hydrogen and other applications may in this manner be easily applied with great benefit. The local and general treatment of this affection should go hand in hand, energetically, efficiently and early.

THE PROTECTION OF WOUNDS AGAINST LOW TEMPERATURE IN WINTER.

Whatever may be said as to the potency of antiseptics in operative surgery, all are agreed that in the winter season wounds of every description must be well protected against the effects of cold.

Cold will quickly destroy the vitality in any flesh, and in many simple abrasions start an inflammatory process which it may be very difficult to arrest until serious ravages in the surrounding tissues have spread or grave constitutional disturbances set in.

"Beware of the Ides of March" is an old, trite and true proverb.

Erysipelas is particularly prone to attack lesions of the periphery in March and April. To guard against it most effectually keep any sort of wound clean and well covered.

SMALLPOX AND VACCINATION.

That smallpox has broken out this winter in many localities is not to be so much wondered at when one stops to consider that the elements needed, a specific poison and a favorable soil, may easily have been furnished by the immense amount of immigration to this country during the past few years.

Compulsory vaccination, while advantageously employed in our public schools, has not attained that degree of power which is necessary to the effective elimination of any disease by such a method.

A plan of preventive medication by such a process as vaccination entails, with the successes it has furnished, should be received with enthusiasm by

the laity; yet, it is probable that there is no treatment so sure which is received by the latter with so much incredulity as the necessity of vaccination. Persons who are willing that their children should be vaccinated in order that they may attend school will laugh at the idea that they themselves need similar preventive measures against similar dangers of routine life.

Neither should we lay this entirely to the ignorant classes. They may have their ratio of responsibility and doubtless are the cause of many nests of infection, but there is a growing tendency in the minds of many of our more educated people to consider that one vaccination, successfully accomplished in infancy, should bestow immunity for life. In reality, to obtain efficient immunity, one should be revaccinated every seven to ten years. If the process is not successful, providing the virus is good, this is to be taken as proof sufficient that the person will not contract smallpox if exposed to its contagion.

A TOUR OF THE SOUTH.

Upon invitation of Mr. John T. Patrick, the secretary of the Southern Bureau of Information, and the courtesy of the Seaboard Air Line, about a dozen editors of Northern medical journals spent two weeks in the South last month on a tour of inspection of Southern cities and towns.

The desire of the Southern Bureau of Information, in arranging this tour of inspection, was for the Northern editors to see for themselves the climatic conditions of the South and examine as to their exemption from malaria and from diseases arising from that cause.

A special train, consisting of two private cars, was provided by the Seaboard Air Line, under the charge of Mr. George W. Taylor, their soliciting passenger agent, and accompanied by Captain T. W. Whiswant, superintendent of the road. Leaving Portsmouth, Va., at a little after 8 o'clock at night, we went as far as Henderson, N. C., about 125 miles from Portsmouth, reaching there after midnight and were side-tracked for the night.

In the morning the people of Henderson called for us and showed us the sights of their city. The schools, tobacco warehouses, etc., were visited. The party were entertained here at dinner and left at 2 P. M. for Southern

Pines, N. C., carrying along with us Dr. Cheatem, of Henderson. We reached Southern Pines after dark and found dinner awaiting us at the hotel.

In the morning, after breakfast at one of the hotels, and after an address of welcome by the Mayor of Southern Pines, we started to inspect the place, which we had heard so much about as a health resort.

Southern Pines is situated in about the centre of the long leaf or yellow pine belt; is the highest point in the sand belt (about 600 feet), and 68 miles from Raleigh, N. C. It is comparatively a new place, only about four years old. Yet in that short time five hotels have been built and are always crowded during the season with people from the North.

Nearly all the residents of Southern Pines are New Englanders or New Yorkers, and with the new hotel of 150 rooms, which is now building and which will be opened at the beginning of next season, the place will be well equipped for the comfort and convenience of Northern trade.

The climate here was found to be all that could be desired, being free from the enervating influences of the extreme South and the severities of the North. The temperature in midwinter, we were told, is rarely too severe to admit of outdoor exercise by the most delicate invalid. We saw many living examples of people who went there to die and yet now seem strong and healthy and able to live for many years.

As soon as the place becomes better known it will prove the most popular health resort in the country for consumptives and all diseases of the throat.

The opinion expressed by the physicians of the party was that from the examples and testimony shown, Southern Pines as a natural sanatorium was unsurpassed and should in a few years, when its advantages are known, prove the most desirable resort for persons suffering from lung, throat or malarial troubles.

Northern people suppose the South to be hot, full of swamp and malaria, and unhealthy, while the South suppose the North cold, free from malaria and healthy.

The North is not exempt from malaria, while a large proportion of the South is entirely devoid of it.

From Southern Pines, the train took us to Charlotte, N. C., where the Medical Society entertained the party. Carriages were provided and driven about the city, and the mills and industries of the place shown. In the evening a banquet was given the editors at the Central Hotel, and prominent citizens of Charlotte were invited to meet the Northern men. Drs. Byers, Register, Montgomery and Donahue looked after the details, and at 11 o'clock that night, as the special train pulled out of the depot, everyone voted the hospitality of the people of Charlotte as away above par.

Our train took us that night to Monroe, where it was side-tracked till morning, and at 7.30 A. M. was attached to the Atlanta express, and at 3 P. M. that day we reached Atlanta, Ga.

Space prevents any description of the points of interest shown us in Atlanta, or the many kindnesses shown the party.

From Atlanta we went to Wilmington, N. C., and from there to Raleigh, N. C., where the Raleigh Chamber of Commerce had made elaborate preparations for entertaining the party.

At every place at which our train came to a stop the physicians of the town or city came aboard and showed us every attention and kindness in their power.

The South is certainly becoming a New South. Cotton mills are being built in many sections of North Carolina, and with Northern capital and machinery will bring prosperity to many cities that for many years have not advanced as rapidly as they should. Many of our party expressed surprise at the condition of the railroads and the streets of the towns and cities.

We did not expect to find such well-ballasted road beds as the Seaboard Air Line have, nor such well kept streets and roads, as many of the places have that we visited. Some of us, we must acknowledge, expected to find a sort of low, swampy region, such as we have been led to believe existed in the South. All this is erroneous, as our visit proved, and from the success of Asheville, N. C., as a health resort and other points, it is predicted that Southern Pines, which can be reached from New York in twenty-three hours, will soon be renowned as the healthiest place in America.

BUSINESS STAGNATION AS A CAUSE FOR THE DARKNESS AND DEGENERATION OF THE MIDDLE AGES.

In an editorial, in a recent issue of the "Boston Medical and Surgical Journal," Senator Stewart is quoted as saying, in a speech before the United States Senate, that the darkness of the Middle Ages was caused by a business stagnation, due to diminished production of precious metals and lack of remunerative employment for the masses.

Insanities due to "hard times," lack of proper food and bad nourishment are of common occurrence, and it is possible we may see, as a result of this present stagnation in business, an increase in the boarders of our lunatic hospitals.

Book Notes.

ANTISPETIC THERAPEUTICS. By Dr. E. L. Trouessart, Paris, France. Translated by E. P. Hurd, M. D. Volumes 1 & 2, Published by Geo. S. Davis, Detroit, Mich., 1893.

This work is published in the "Physician's Leisure Library" series and consists of a translation of Trouessart's admirable treatise on Antispetic Therapeutics, which forms volume XXI, of the Charcot-Debove series. There are too few translations from standard French works, and this attempt of Dr. Hurd to give the profession something of worth in line of the present thought on therapeutics should be substantially rewarded. The cheapness of the work (50 cents for the two volumes) should recommend it at once.

LECTURES ON AUTO-INTOXICATION IN DISEASE, OR SELF-POISONING OF THE INDIVIDUAL. By Ch. Bouchard. Translated by Thomas Oliver, M. A., M. D., F. R. C. P. Published by the F. A. Davis Co. Price, cloth, \$1.75, net.

The subject of "Auto-Intoxication" should be, and is, of every-day interest to the medical practitioner. Putrefactive changes in the intestinal canal and the development of physiological alkaloids play an important part in the many diseased processes until lately little understood. These lectures are to be regarded as inquiry into the operations of poisons introduced from without or generated within the body of man and play their part in health or disease. It is, indeed, a book of great value at the present day.

Correspondence.

CIRCUMCISION AND RAPE.

To the Editor of Times and Register:—
Dear Sir:—

In the issue of the Boston Medical and Surgical Journal of February 1 was an article on circumcision as the cure for rape. It, however, drives only at the negro as needing such a cure. Were it a real remedy it should not be confined to color, nor only to the south side of "Mason and Dixon's Line."

But is the removal of the foreskin a remedy, as suggested?

I had a Virginian white man consult me in reference to circumcising his boy baby with a view, not of keeping him within bounds, for that was not thought of, but to prevent his so great exposure if he followed the course of his father, and wallowed in the filth, as the latter had done.

That circumcision does not cure either the Jew or the Mohammedan of his passionate nature needs no proof. Having had several of the former with the social disease, I said to one: "Where did you get this, from a Jewish woman or a Bogtrotter?" "I guess from a Bogtrotter," he replied. I said: "I believe your people are the worst in the world in this line. You may well claim that you 'have Judah to your father.' I don't wonder that the Russians are driving your people out of their land; they have to do it for the protection of their women."

Most certainly circumcision is not a cure for the passionate nature of man. It is, however, in a very good sense, an important protection against contracting chancroids and syphilis, though not against gonorrhœa. There is a sense in which too much foreskin hides the glans and renders the part extremely sensitive, and in such cases circumcision is a legitimate remedy to the sensitiveness by bringing the glans out to dryness and to friction by the clothing.

For this a young German, of New York, came to correct me. He said that a friend of his had been troubled in the same way and was so treated and made better. I circumcised my patient, and with great relief to the series of troubles growing out of too much maceration.

An aged doctor came to me with soreness of the glans from a long prepuce and would have been circumcised but for his age.

But these are not such cases as are recommended to be circumcised in the negro. They are to be circumcised to prevent them from committing rape.

Now if it were the punishment for the crime, or were they even castrated as the punishment for such a deed instead of the penalty of the lynch law, physicians might well vote for it—with both hands. I could go in for that. Indeed, I could go in for the wider application of such a penalty to other like crimes, and would not confine the punishment within the color line. Lynch law is too awful under any circumstances, while

castration could be accepted as justly merited.

For one I wish it might be tried instead of the Southern code, only I would not confine it to color or to rape, but to every other similar heinous sin.

—E. CHENERY, M. D., Boston, Mass.

February 15, 1894.

Dear Doctor:

At its last meeting the Medical Society of the State of Pennsylvania appointed, under the provisions of a by-law proposed at Harrisburg and adopted at Williamsport, a Committee on Scientific Business, "To secure scientific papers and to provide scientific discussions for each annual meeting, and to co-operate with the Committee of Arrangements and Credentials in arranging the programme." The members of this committee are Drs. Dulles, of Philadelphia; Gorgas, of Harrisburg; LeMoyné, of Pittsburg; Tyson, of Philadelphia, and Towler, of Marienville. The object in this change of the law is to have a permanent committee, which, becoming familiar with the subject, shall find it easier to secure good scientific work than is possible for a committee that is appointed new every year.

The Committee on Scientific Business is working in conjunction with the Committee of Arrangement, of which Dr. E. E. Montgomery is chairman, and will co-operate with it in arranging the programme.

The committee hopes that each member of the State Society will aid it in attempting to make the meetings of the society of greater scientific importance than they have been in the past. To this end the committee will welcome suggestions from any member of the society, and especially at this time, offers of contributions to the work of the next meeting at Gettysburg, May 15 to 18. It is desired that there should be as many brief, concise, practical papers as possible, and it is proposed to have a discussion on tuberculosis, devoting the morning to "Medical Tuberculosis," and the afternoon to "Surgical Tuberculosis."

Any communication from members of the society in regard to the work of the committee will be welcomed by it.

Members of the society desiring to read papers or to take part in the discussion on tuberculosis will please notify the chairman of the committee.

DR. CHARLES W. DULLES,
4101 Walnut street, Philadelphia.

The continued prevalence of smallpox in Chicago, and the spread of the disease to neighboring towns, are due to the inefficiency of the system adopted in that city, which is in this respect woefully backward.

Dr. Albert DeHaven, et al., of Xenia, Ohio, claim \$4,000,000 from the Government, for money lent by an ancestor in 1777.

Bureau of Information.

Under the Charge of W. F. WAUGH, A. M., M. D., 834 Opera House Block, Chicago.

INVETERATE NEURALGIA.

Stuttgart, Ark., Feb. 9, 1894.

I write to ask you to give me some help for the following case: Colonel C. has been a sufferer from spasmodic neuralgia of the dental division of the fifth p'r. (superior maxillary) for 20 or 30 years, which has grown into the most violent paroxysms, coming on now mostly at night, between 10 and 12 o'clock.

Four years ago his heart gave considerable trouble.

For three months he had what all the doctors who saw called or diagnosed as functional derangement of the heart. I examined his heart frequently, but could not detect any organic disease.

The only trouble was an accelerated pulse, running up to 120 to 160 without provocation. This would be accompanied by difficult breathing and frequent intermissions, say from every fifth to twentieth beat. His neuralgia comes on in violent paroxysms now, his pulse is never under 80, and the mere getting up from bed or walking across a room will run it up to 120. A neurectomy was performed three years ago by Professor W. B. Rogers, of Memphis, but was a failure after eighteen months. It gave entire relief, though, for that length of time.

His treatment has been aconite-gel-semium, Wyeth's neuralgic tablets, Brown-Sequard's treatment and H. J. Kenyon's prescription, both put up by Wyeth & Bro.; morphine subcutaneously, and other remedies that I can't call up now. For his heart he has taken digitalis, strophanthus, veratrum, cactus and nitro-glycerin.

He is now taking the dosimetric sparteine. Now, doctor, I shall esteem it a favor for you to send me a prescription for this neuralgia and accelerated heart.

The colonel is 62 years old, plethoric and healthy every way except for these troubles. He has led a dissipated life, but is temperate now. He used to suffer also with rheumatic gout. An early reply will be highly appreciated.

The colonel has been and is now suffering with the intermission even when

there is no neuralgia or acceleration. Sometimes frequent, and at others not so bad. When the intermission occurs now it produces a peculiar gasp or interruption in breathing, only though for a second.

C. C. S.

(The fact that the operation failed to completely relieve should not deter from another, as in such cases there is almost certainly a mechanical cause interfering with the nerve in the bony canals or foramina.

For the paroxysms, use a current from four galvanic cells, repeating as soon as the pain recurs, until it ceases altogether. If this fails, inject theine, gr. 1-6 to 1-2, in chloroform water, as near as possible to the nerve affected.

If this prove ineffectual, inject osmic acid, gr. 1-60 to 1-12, close to or into the nerve. Meantime give this for a week:

R	Phosphori	gr. ¼
	Strychninae sulphates.....	gr. ss.
	Quininae sulphates.....	gr. x.x.
	Acidi arseniosi.....	gr. j.
	Ext. aloes purif.....	gr. v.

M. et in pil, no. xx, divide.

S. One after each meal.

For the heart symptoms, give potassium iodide, ten grains thrice daily, and sodium salicylate, pure, in the same dose. See that the diet and exercise correspond.—W. F. W.)

TUMORS IN THE NASO-PHARYNGEAL CAVITY.

Tumors of this description may be operatively divided into two groups. The first comprehends those which may be removed through the natural passages, i. e., the nasal or oral; and secondly, those in which the tumor is brought out by an artificial opening. Kijewski makes a general practice to remove every growth, when it is possible, by the buccal route, maintaining that when proper precaution is observed, effective hæmostasis may be secured and removed, either entire or piecemeal.

—Revue Laryngologie D' Otologie et De Rhinologie, Feb. 1, '94.

Surgery.

Under the charge of T. H. MANLEY, M. D., 302 W. 53d St., New York.

REYNIER ON DIABETES.

The above author has lately delivered a lecture on the above subject, with the following conclusions:

In connection with the question of surgical precedents in the diabetic, he says for a long time he has carefully studied the divers relations observed in this class of cases, when treated surgically. He observed that in some not only every sort of chemical dressing produced excessive irritation, but, everything else being equal, microbial infection spread with remarkable rapidity.

Their resistance varies in the most remarkable manner. Some diabetics support, even capital operations, as amputations and laparotomies with impunity, while with others the first appearance of suppuration after operation sounds the patient's death knell—sonera l'heure de l'agonie.

His observations were based on 40 cases. Diabetes has no well-defined pathology; it is rather a symptom of many very different conditions of health.

It appears, however, to derive its specific character, in the glycogenic functions, through some grave disturbance in the nutritive processes, the leading to which may date from birth itself.

Diabetes may be divided into classes.

- (a) Hereditary diabetics.
- (b) Atheromatous diabetics.
- (c) Nervous diabetics.

The lesions which give rise to diabetes are very complex. Prognosis will, in all, vary according to the predominance in the given case of certain pathological conditions.

In the surgeon's estimation the atheromatous type is always less grave than the pancreatic. The acuteness or chronicity of the state will constitute an important factor. The progression of the malady and the want of resistance in the tissues to traumatic influence are in quite precise proportions, and hence, unless urgency is very great, we should abstain from all serious operations in those in whom the malady is well established.

It should not be forgotten, in the use of dressings, that all pungent irritants, under these circumstances, will precipitate sphacelus, and antiseptic dressings should be discarded. Boracic acid, bismuth, quinquina, or, in foul cases, small quantities of iodoform may be employed with advantage.

We should never operate when more than 15 or 20 grammes of sugar are eliminated by the kidneys daily. Before operation the patient should be always placed on a special regimen. Chloroform invariably markedly increases the quantity of sugar eliminated daily.

In 40 diabetes patients he had 15 deaths by gangrene. Of the 25 survivors after one month 3 were dead; and therefore but 22 recovered, or nearly 50 per cent. perished.—*Revue de Therapeutique and Medico-Chirurgicale*, February, '94.

LIGATION OF VESSELS.

BY HENRY O. MARCY, A. M., M. D.,
LL. D., OF BOSTON.

A just conservatism should prevail in the judicial discussion of all surgical questions. This becomes the more important when we approach the graver issues upon which life itself depends.

The history of the various measures which have been adopted for the control of the injuries to the circulatory system is most interesting. Even that portion which pertains to the period previous to the demonstration of the circulation of the blood by Harvey is not without instruction. When Ambrose Pare formulated definite rules for the guidance of the surgeon in the application of the ligature, he was met with the strongest opposition, and but for the singular genius and force of character of the great master, it is very probable that this procedure of such primary importance would have failed of adoption and been forgotten by the generation in which he lived.

—From *New England Medical Monthly*.

PROSTATIC DISEASE AND ITS TREATMENT IN ADVANCED AGE.

Dr. Marcel Hartig, before a recent meeting of the Buffalo Academy of Medicine, read an interesting essay, in which the above subject was ably considered.

He cited Erichsen to the effect that all operative measures which entailed extensive cutting were highly dangerous and were generally abandoned abroad.

The chief purpose of his contribution was, he said, to elicit discussion from the members on the subject of operative treatment of prostatitis cases of supra-pubic cystotomy.

His own attitude on the subject was unsettled. He incidentally mentioned the latest means applied for the treatment of prostatitis, as galvano-puncture, prostatectomy and the latest fad, castration.

Dr. Tremaine, who has had, it appears, considerable experience in supra-pubic cystotomy for prostatic hypertrophy, defended his position in this line of surgery and set forth the conditions demanding incision. From the general tenor of the discussion which followed, it is clearly apparent that the revived so-called "American operation" for amputation of the enlarged prostate is decidedly falling into disfavor, and the older, simpler and safer one coming to the front again.

—Buffalo Medical Journal.

SYPHILITIC MYELITIS.

Dr. Bureau, of the Hotel Dieu, of Nantes, has lately described in a concise and lucid manner many of the chief subjective and objective symptoms of myelitis arising from systemic causes.

He places syphilis in the front rank as an etiological factor and, cites the following interesting case, belonging to that class:

A. B., 32 years old, entered his hospital service October 1, 1893. Nothing interesting in the line of heredity from his maternal side; but his father was neurotic and committed suicide. Patient always enjoyed good health until 1886, when he had a hard chancre, which was followed by all the secondary symptoms. After an extended resort to treatment he considered himself cured and discontinued treatment early in 1891.

During last August he observed, for the first time, when he wished to rise from bed, that there was a weakness in both lower limbs, and when he set out to walk, his feet felt heavy, and he readily stumbled. At the same time he suffered from a feeling of compression around the body. He became very costive and gradually emaciated. Now he was entered at the hospital as a tabeticque.

The symptoms of spinal disease speedily deepened, and he soon lost entire control over the bladder and rectum.

There were no cerebral phenomena at any time.

He was immediately placed under specific treatment—the mercurials, with eight grammes of iodide of potash, daily given.

November 14. Pains diminished; can walk with ease. Now only two centigrammes of the bichloride of mercury, with 5 grammes of sweet-oil, injected subcutaneously.

December 15. His general condition much improved, but yet manifestations of the tabetic condition remain.

The author maintains that in this class of cases in young subjects much benefit will succeed systemic treatment; and that a permanent or complete cure need not be expected.

—Gazette Medicale De Nantes, Jan. 12, '94.

DEATHS UNDER CHLOROFORM.

The stream of deaths from chloroform during inhalation still flows on in undiminished volume, and while much is said and written about the methods of restoring collapsed patients, there is little about how to prevent collapse. It has not yet come home to physicians generally, that the want of oxygen is the direct cause of the collapse; but we notice a practical suggestion of Dr. G. H. Nicholson, of Liverpool, which may lead to some good. He advises a combination of oxygen with the chloroform-vapor, and says that this keeps up the blood-pressure and maintains respiration in a way that gives confidence to the operator. This is well worth trying.

—Chemist and Druggist.

Dr. J. W. Carr is president of the newly organized "Anti-Chinese Sunday School Association," of Chicago. Strong objection is made to the practice of young, unmarried women teaching Mongolians. It is proposed to hold a meeting at which the situation may be amicably discussed with the superintendents of Chinese Sunday schools.

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

THE THEORY OF COUNTER-IRRITATION.

After a prolonged investigation into the theory and uses of counter-irritation, Dr. Cameron Gillies (London) sums up as follows:

By abundant proofs counter-irritation is shown to be a most valuable mode of treatment—when rightly used.

It is freely admitted that the principles underlying the practice are not well understood and that, therefore, counter-irritation may sometimes be wrongly applied and do harm.

All such interpretations as were applied in such words as revulsion, derivation, evacuations, vicarious action, metastasis, etc., have been disproved, and should be allowed to fall out of medical terminology. Diversion is sometimes possible, but perhaps always wrong. Counter-irritation is itself a misnomer; it does not in any sense check or divert or act counter to the process of inflammation. It does not counter-irritate when it serves any good purpose.

Inflammation is the reparative process; and the intention in the process is the same at every step—in congestion, in stasis, and in resolution.

Active congestion is essentially the same as inflammation, the same in process and the same in effect. It may, however, be convenient to retain the term inflammation for that physiological activity which is directed to the repair of an injury.

All external stimulant or irritant applications act essentially alike. From the mildest rubefacient to the actual cautery they produce active congestion in the degree of their intensity; and if they are violent enough to injure the tissues there must be a further inflammation to the extent of the injury.

Whatever good comes by the use of counter-irritants, is because, by their irritant effects, they stimulate the activity of the tissues of the part to which they are applied, and accelerate the blood supply thereto, so increasing nutrition or repair as the need may be.

The response to an irritation is as the vitality of the part, or of the individual; so, in the aged and weak, it may be necessary to apply stronger irri-

tation than in the young and healthy, to produce desired effects. Logically, an irritant applied for a reparative purpose should never be so strong as to become itself a cause of disease; and, perhaps, this would be a good rule in practice also.

In practice, the kind of stimulant and the strength to be used must be regulated or determined by the conditions and circumstances of each case.

The pain of an injury in the young and healthy is always the natural and sufficient irritation to determine repair, but if there be lasting pain and no responsive acceleration of function in a part, the assistance of counter-irritation is plainly called for. On the other hand, if active inflammation has set in, in response to the pain of the injury, further stimulation is not necessary, so long, especially, as the inflammatory activity is sufficient.

—Med. Times and Hosp. Gazette, Dec. 16, '93.

SALINE ENEMATA IN HEMORRHAGE.

Warman refers to recent improvements in the treatment of patients bleeding to death and more particularly to the beneficial results of saline enemata. The author enumerates the objections to the intravenous and subcutaneous methods, the principal difficulties in the former being the impracticability and the danger in the use of an excessive quantity and in the latter the slow absorption of the injected fluid. Being unable to use either method in a case of abortion, the author attempted a rectal injection, which was very successful. Subsequently he treated twenty-eight patients in the same way, most of whom when seen were much collapsed from post-partum hemorrhage. The typical rigor (associated with the gradual rise of temperature) very quickly became evident the pulse returning and the respiration becoming normal in all cases. A teaspoonful of salt was dissolved in a quart of water having the same temperature as the room, this having a more rapid effect than a solution at a higher temperature. The author holds that the salt in itself possesses marked hemostatic properties, in support of which he adduces various observations. The proceeding is without danger, and the only drawback is the occasional inability of the sphincter to retain the solution. This the author overcomes by placing the patient on one side, allowing the solution to flow slowly and then pressing on the canula through the vagina. In severe cases this trouble was least frequent, as in these he found absorption to take place most rapidly. The author, in conclusion, recommends the same treatment in all severe hemorrhages, excepting those from the intestine.

—Calcutta Medical Reporter.

Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., 665 Lexington Ave., New York.

ELECTRO-THERAPY.

Three main forms of electricity are employed as therapeutic agents—the Static, Voltaic and Faradic currents.

Static or fractional electricity expends itself mostly on the surface of the body, and does not penetrate, so it has little direct effect on the deeper structures, yet it acts as a general excitant and stimulant, and is useful in chronic gout rheumatism, dyspepsia and insomnia, in neuralgia, writer's cramp, neurasthenia, functional aphonia, chorea and other nervous affections, and it relieves and often cures herpes and chronic eczema.

Voltaic or galvanic electricity is due to chemical action from a battery. It has more effect upon muscles and blood vessels, which are good conductors, than upon other tissues; the brain, the nerves and bones are indifferent conductors, and the skin is the worst of all. Therefore, to produce a tangible effect on subcutaneous tissues, the skin has to be made a better conductor, either by warming and moistening with salted water, or the current must be conveyed through it to the deeper parts by mechanical means, such as needles. By these methods a sufficiently strong current will have a catalytic or resolvent effect, and disintegrate or destroy tissues. A weaker current has an electrotonic or resilient effect, stimulating the circulation by improving the elasticity of the blood vessels, and a cataphoric or osmotic effect, favoring the filtration of fluids to and from through the membranes. Thus bodily nutrition receives direct benefit.

Voltaic electricity is more or less serviceable in muscular rheumatism, lumbago, sciatica, neuralgia, functional derangement of organs and peripheral, meningeal and acute ascending paralysis. It is also used to resolve strictures, naevi, aneurisms, enlarged glands, abnormal growths and for all the purposes of electrolysis. It frequently arrests the bleeding of uterine fibroids and reduces their size.

Faradic or induced electricity provides an interrupted current that overcomes resistance and acts energetically on the deep muscles, nerves and organs

in a series of shocks in alternate directions. This method is applicable to nervous deafness, hysteria, impotence, spinal irritation, torticollis, constipation, rheumatism and menstrual disorders: to pruritic, syphilitic and other skin diseases, and to laryngeal, cerebral and vesical paralysis.

Faradism assists in the detection of feigned diseases; it also furnishes a test of vitality, as in trance and lethargy the muscles respond to the current, whereas they remain insensitive in actual death. And it is useful in poisoning by anæsthetics, opium, morphia and prussic acid.

The functions of the brain and the will power may be set in action by faradism, whether applied directly to the sensorium or through a sensory nerve; thus sensations of seeing, hearing, etc., may be experienced.

Plumbic, facial and ophthalmic paralysis, locomotor ataxia and some chronic gastric affections often call for the co-operation of voltaic and faradic electricity.

L. LEWIS, M. D.

ARTIFICIAL SUNLIGHT.

In a dark room with alternating currents of 800,000 voltage, Nikola Tesla, by means of atmospheric vibrations, caused a faint glow of light to appear. Explaining the phenomenon, he said: "If I can increase the atmospheric vibrations, say 1,000,000 or ten thousand millions, I can produce sunlight in this room. Of course, I can increase the vibrations by increasing the voltage. I can make the voltage 8,000,000 as easily as 800,000; but I am not ready to handle 8,000,000 volts of electricity. Currents of such strength would kill everybody in the room. I expect, however, to learn how to control a large voltage. When I have increased the atmospheric vibrations perhaps a thousand times the phenomenon will be no longer electricity. It will be light. I am satisfied that sunlight can be made from electricity without doing harm to anybody, and I expect to discover how it is done. It is a grand idea, and whether the voice through which it came be hushed and still or yet resounds in the proclamations of new truths, the idea itself will be carried to fruition, and the world will be wiser, whatever may be the issue."

—American Druggist.

Ophthalmology.

Under the Charge of J. D. TENNEY, M. D., 2 Commonwealth Ave., Boston.

INFLAMMATION OF THE CORNEA.

Two or three years ago Kroll wrote an article for the "Berliner Klin. Wochenschrift," in which he stated that it was unnecessary to use atropine in treating the various inflammations of the cornea.

He colored a solution of corrosive sublimate brown, and then instilled it into the eye of a rabbit, after he had scratched the cornea with a pin. Fifteen minutes later he removed the cornea, and found that the solution had penetrated into its substance. He argued that boric acid would penetrate farther into the membrane than the sublimate solution, because the acid does not make a combination with albumen.

Kroll stated that for six years he had employed boric acid irrigations in infiltrations of the cornea, small abscesses and superficial ulcers, and in phlyctenular keratitis of adults, and was of the opinion that atropine was necessary in few cases.

After this article appeared, the writer for some time tried the plan of dispensing with the use of atropine in these affections in the Suffolk Dispensary. The treatment for phlyctenular keratitis had consisted of the instillation of a $\frac{1}{2}$ per cent. solution of atropine, 2 per cent. solution of borax in camphor water and putting in the eye the ointment of the yellow oxide of mercury, strength 2 per cent. The solutions were used three times daily, and the ointment once a day. Nearly every case recovered rapidly under this treatment.

When atropine was not used there was generally no improvement for a week. A patient ought to be pretty nearly well in that time. When the atropine solution was resorted to in these cases, the improvement commenced very soon, as a rule.

The writer has come to the conclu-

sion, after trying all plans of treatment, that atropine should be used in weak solution in all corneal affections when photophobia is present. It acts as a sedative to the irritated nerves, and so favors the healing process. The addition of a little eserine to the atropine solution does no harm, and is often of great benefit. The yellow oxide of mercury ointment is continued several weeks after the cornea has healed, to prevent relapses. The results following this treatment have been most satisfactory in this Dispensary. J. A. T.

OCULAR MANIFESTATION OF GENERAL DISEASE.

Mr. P., photographer, was sent by his physician to the writer, complaining of severe pain in the left orbit, and extending through the frontal and temporal region on that side. There was considerable lachrymation and conjunctivitis, and some photophobia in the left eye. He also had homonymous diplopia, and the left eye would not move outwards beyond the middle line, showing paralysis of the external rectus muscle.

The diagnosis made was rheumatic periostitis in the superior orbital fissure, pressing upon the sixth nerve. Iodide of potassium was accordingly prescribed, with vapor baths, and the constant current of electricity.

When the patient saw the prescription he said he would never take that drug, for the reason that he knew all about it. So he was referred to his physician for general treatment, who was made acquainted with the patient's idiosyncrasy. Said the doctor: "He won't know what he is taking!"

The iodide was administered in ten grain doses four times a day, and every second day he had the hot bath and electricity. In three or four days he was so much better that the baths were discontinued. In two weeks from the time this treatment was instituted every vestige of the pain had disappeared, and he had recovered the use of the external rectus muscle perfectly.

J. A. T.

Miscellany.

SULPHUR CANDLES.

The low price (25 cents) of the Sanatas Company's sulphur candle with the water bath attachment, for fumigating rooms, should insure the ready sale of the same. The convenience of this arrangement is apparent after only one trial. In writing to advertisers do not forget to mention this journal as your medium.

ANTISEPTIC GUM.

An antiseptic chewing gum has recently been placed upon the market called "Antisepton." It consists of a spruce gum, into which is incorporated pepsin and other digestives with a proportion of antiseptics flavored with peppermint. It makes an excellent aid to digestion as well as an efficient germicide without the least injury to the teeth, mouth or stomach:

THE LYMAN PRIZE.

The Lyman prize of the Boston City Hospital has been won this year by Dr. John L. Morse, of Boston, and Dr. Arthur H. Wentworth, of Boston, for prize essays.

MEDICAL STUDENTS EXCLUDED.

The Woman's Charity Club, of Boston, has voted to exclude all medical students from the privileges of clinical instruction in the hospital of the club. Is this sort of thing wise in a town that aspires to be called "The Athens of America?" We certainly thought Boston ladies more generous.

A VALUABLE DRUG IN TREATMENT OF WINTER COUGH.

Many are the single agents employed in the treatment of that persistent bronchial ailment known as "winter cough," and divers are the combinations made to suit each individual case. Agents proposed and lauded as "specifics" in this disease have signally failed to maintain the title. Among the new remedies named, but not brought forward as a specific at all, is the Eugenia Chequen, or Chekan, a native Chilian drug. For a complete description of the agent, botanically and therapeutically, we refer our readers to the Pharmacology of the Newer Materia Medica, and a brochure issued by Parke, Davis & Co., Detroit. That it is a valuable addition to our list of agents for the treatment of bronchitis and its allied disorders is evident to the writer. It has made a good record so far. It is worthy of a careful investigation and trial. We advise a testing of its merits.

—Sanative Medicine.

A WAKE.

I shall be glad if some or one of my Irish readers will investigate the case of "a corpse returning to life," which is reported in the "Irish Times" to have occurred at Balinacree, near Oldcastle, while the usual "wake" preparatory to burial was taking place. It is said that the "wakers" fled from the house in dismay, and I believe the supposed corpse refreshed himself with the contents of the almost empty glasses.

—Medical Times and Hospital Gazette.

Dr. William F. Waugh has been elected professor of Internal Medicine in the Chicago Post Graduate College. He is now conducting one of the medical clinics in that institution.

TREASURY DEPARTMENT.

Official list of the changes of stations and duties of medical officers of the United States Marine Hospital Service for the four weeks, ended February 17, 1894.

Murray, R. D., surgeon, to proceed to Key West, Fla., for special duty, January 26, 1894.

Bailhache, P. H., surgeon, granted leave of absence for 20 days, February 5, 1894.

Purviance, George, surgeon, detailed as chairman of Board of Examiners, February 12, 1894.

Stoner, G. W., surgeon, detailed as member Board of Examiners, February 12, 1894.

Carter, H. R., surgeon, to report at Bureau for temporary duty, February 2, 1894. To proceed to Brunswick, Ga., Quarantine, as inspector, February 6, 1894. Detailed as recorder Board of Examiners, February 12, 1894.

White, J. H., passed assistant surgeon. Granted leave of absence for seven days, February 17, 1894.

Carrington, P. M., passed assistant surgeon. Granted leave of absence for 30 days, February 19, 1894.

Bratton, W. D., passed assistant surgeon, granted leave of absence for 30 days, January 20, 1894.

Pettus, W. J., passed assistant surgeon, granted leave of absence for 30 days, January 30, 1894.

Vaughan, G. T., passed assistant surgeon, to report to the Secretary of the Treasury for special duty, January 26, 1894.

Young, G. B., assistant surgeon, ordered to examination for promotion, February 14, 1894.

Stimpson, W. G., assistant surgeon, ordered to examination for promotion, February 14, 1894.

Brown, B. W., assistant surgeon, ordered to examination for promotion, February 14, 1894.

Rosenau, M. J., assistant surgeon, granted leave of absence for 30 days, February 26, 1894.

Cofor, L. E., assistant surgeon, to proceed to Mobile, Ala., for duty, January 30, 1894.

Eager, J. M., assistant surgeon, granted leave of absence for four days, January 30, 1894.

Blue, Rupert, assistant surgeon, granted leave of absence for eight days, January 26, 1894.

Norman, Seaton, assistant surgeon, ordered to examination for promotion, February 14, 1894.

Prochazka, Emil, assistant surgeon, to proceed to New York, N. Y., for duty, January 24, 1894. To proceed to Buffalo, N. Y., for temporary duty, February 2, 1894.

The Times and Register.

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WHOLE No. 809.

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Original.

LIGATION OF THE COMMON AND EXTERNAL CAROTID ARTERIES AND THE JUGULAR VEIN, FOR ARTERIO-VE-NOUS ANEURISM OF THE INTERNAL CAROTID AND JUGULAR; WITH DIVISION OF THE OPTIC NERVE ON THE OPPOSITE SIDE, THE RESULT OF A GUNSHOT WOUND.*

BY W. W. KEEN, M. D.,

Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College.

Mr. St. John, a Frenchman, about twenty-five years of age, was first seen at the Presbyterian Hospital, in Chicago, August 9, 1893, in consultation with Drs. D. W. Graham and N. Senn. Unfortunately, in consequence of change of residence and absence from the city, the history is imperfect.

About three years before I saw him he had been shot, the ball entering just below the tip of the left mastoid. He was unconscious for a brief time, but when he recovered, either the same day or the next morning, he discovered that his right eye was absolutely blind. In addition to this his right arm was paralyzed, but whether immediately after the accident or at a somewhat later period was not ascertained. When I saw him the right arm was subject of contractures, the result of the old monoplegia. The leg and face were not affected. The aneurismal bruit and thrill were very marked, and could be felt down the left side of the head and neck. There was but little external swelling. The man sought relief on account of the noise produced by the aneurism, which made it impossible for him to do any work.

Operation, August 15, 1893, by the kind request of Dr. Graham. The carotid was laid bare by the usual incision over the anterior border of the sternocleido-mastoid, the middle of the incision corresponding to the upper border of the thyroid cartilage. Considerable difficulty was found, even at this stage, in consequence of the inflammatory adhesions resulting from the gunshot wound of three years before, and also from the fact that the vessels lay nearly under the middle of the sternocleido instead of under its anterior border.

My intention had been, first, if the adhesions (the presence of which I had anticipated) would allow me to reach the internal carotid, that I should tie that and the jugular just above the bifurcation of the carotid, but if the adhesions prevented this I determined to tie the common carotid and the external, the latter being tied so as to prevent the re-establishment of the current by the anastomotic circulation from the other side. Even the ligation of the external carotid above the bifurcation was quite difficult by reason of the adhesions. It was done just at a point where the first branch was given off, and the ligature was made to include both the external carotid and its branch in one loop. The jugular vein was tied at a point half an inch below the level of the ligature around the common carotid, in order that the necessary injury to the tissues should not be at the same level. The veins were very full, giving thus an additional evidence that the diagnosis of arterio-venous aneurism was correct.

Dr. Graham has kindly written me under date of October 2, as follows: "The wound healed practically by primary union. One angle was a little slow in closing, but there was no purulent discharge at any time. The morning after the operation ptosis and immobility of the left eyeball were discov-

*Read at the Philadelphia Academy of Surgery, February 5, 1894.

ered, although he could turn the globe outward somewhat, and slightly upward. The pupil was not affected, but responded to light. There were no mental disturbances or paralysis. In two or three weeks improvement began in the eye, and when he left the hospital three weeks ago he could keep the lid up nearly in a natural position, and could move the eyeball in every direction, promising complete restoration from the paralysis. He was to report to us occasionally, but I have failed to see him since then."

I regret very much the imperfect history of the case, but the circumstances made it impossible to get any more complete history. For the same reason no examinations of the eye-grounds were made, either before or since the operation. Fortunately, the absence of a post-mortem prevents our ascertaining absolutely the pathology of the case. The ball, after traversing the blood vessels, entered the skull at its base, and without doubt cut the right optic nerve between the eyeball and the chiasm. The paralysis of the right arm was due, of course, to the involvement of the left motor cortex, or fibres proceeding from it. Whether the ball in entering the skull was split into two pieces, one of which injured the left cortex in the arm area and the other the right optic nerve, or whether the paralysis of the arm was due to an embolus from the arterio-venous aneurism can only be speculated on. None of the ball was ever found. What the final result as to the aneurism will be has not yet been ascertained.

THE CAUSES OF SHOULDER PRESENTATION WITH REPORT OF CASE.

BY DR. SIGMAR STARK, CINCINNATI.

Abstract of a paper read before the Obstetrical Society of Cincinnati.

The author cited two cases of shoulder presentation in the same patient, the first proving uneventful owing to the prematurity of the child, but the second labor was attended with all the difficulty of this malposition. This was terminated by the delivery of a large child, which could not be resuscitated.

Among the factors given as the cause of shoulder presentation is the doctrine of Hippocrates and Aristotle, which

held sway for many years, that the foetus sat upright with its back toward the spine of its mother until the seventh month, when it was either suddenly or very gradually rotated so as to assume the opposite position. Playfair considers a number of conditions as predisposing thereto, among them prematurity of foetus, excess of liquor amnii, undue obliquity of the uterus, low attachment of placenta, irregularity in the shape of the uterine cavity, more common in multipara than in primipara; accidental causes exert most influence, as falls, or undue pressure exerted on the abdomen by badly fitting or tight stays.

Cazeaux and Tarnier add distortions of the superior strait to the above list. Flanging ilii are considered by some as predisposing factors, likewise the wrapping of the funis about the neck of the child, thereby interfering with the descent of the head. Shoulder presentation is also apt to occur in the second born in the case of twins, and is explained by the laxity of the uterine walls, which is apt to exist under such circumstances.

DISCUSSION.

I examined this patient twice with the pelvimeter and found the pelvic measurements normal. After version had been performed in the second confinement the child, though an exceptionally large one, passed through the parturient canal and pelvis very readily, proving that there was no reduction in the size of the pelvic diameter.

I had hoped that the primary deformity of the uterus upon which Wigand and Danyan lay such stress would receive more consideration in the discussion. This observation has received support from such men as Siebold, Naegle, Schroeder and others. Cazeaux and Tarnier are skeptical on this point, however. Subsequent examination of the case presented failed to reveal any evidence of such a condition.

INSANITY AS A DEFENSE IN HOMICIDE.

BL J. W. KIME, M. D., FORT DODGE, IA.

When a crime has been committed the plea of insanity has become such a frequent feature of the defense that it is easy to foresee, in many instances, on what lines the trial will be conducted.

The recent criminal, or one who has

become so through a single daring act and who is in no sense an habitual law-breaker, finds in this plea a peculiarly hopeful avenue of escape, since our present methods of determining a man's sanity are almost universally known to be haphazard and unscientific.

This uncertainty of determining a man's mental condition and likewise his degree of responsibility often gives the criminal chances of escaping punishment where he would encounter great difficulties along other lines of defense.

As now conducted, it would be difficult to conceive a farce more ridiculous than the legal determination of the sanity of a man who is charged with crime.

On the one hand is arrayed a corps of legal talent, whose business it is to show the man insane, whether so or not. On the other a like array to show his sanity. Medical experts, so called, are found who, either consciously or unconsciously, arrange themselves on the respective sides by which summoned, and the farce begins before a jury who quickly become confused, and themselves lose sight of right and wrong. In this confusion the criminal finds his hope of escape.

The decision of the responsibility is thus often settled, not by the merits, but by the nature of the case.

It would not have been difficult to foresee that Guiteau would be found guilty and would suffer death, neither would it in the case of Prendergast.

Should the ruler of a country or any great city be assassinated by a man who is quite insane, the latter would be almost certain to be found responsible for his act.

On the other hand, should an ordinary humble citizen, occupying no prominent position either officially or socially, be killed in similar manner the plea of insanity would be very likely to hold, and especially would this be true if the assassin were of some prominence and the victim of little note.

Just why this is so I will not attempt to say, but that it is true has been too frequently observed to admit of doubt.

When insanity is the defense for crime the question of sanity should be decided in the most scientific, expeditious and humane manner.

Since insanity is a disease, as much so as tuberculosis or smallpox, and far more subtle and difficult of diagnosis than are they, its detection and the de-

gree of the affliction are question purely medical and can be passed upon intelligently only by medical men.

As well might we expect those versed in the law, the courts and the juries, to inform us when one is suffering from biliary calculi pyelonephritis or myxedema.

If courts are not competent in these latter simple affections, surely they cannot be in the more intricate questions that enter into the solution of the sanity of a man; and, putting aside the question of competency, where is the justice, the humanity, the common decency, in dragging a man into court and before a curious, gaping crowd putting him on public trial to determine the form and extent of the disease from which he suffers?

These are questions of the private chamber. If a man is suffering, if he is afflicted with disease, to which all men are liable, he is entitled to aid, to sympathy and humanity; and until the question of sanity is settled, until it is known that the prisoner is sane, or at least was sane when the crime was committed, he is entitled to the same treatment as those who are afflicted as alleged.

That these ends may be secured, examinations should be made by those who are competent to recognize insanity when it exists, and can apply such tests as are known only to those well versed and thoroughly experienced in the management of the insane.

Examination should be made by entirely disinterested parties—in no way connected with the prosecution or the defense.

Examination should be made in private, outside the Court room.

A commission of two experts, preferably superintendents of State insane hospitals, and an attorney well skilled in bringing out evidence, should be appointed by the Governor of the State who should pass upon the sanity of all persons charged with crime and in whose cases a doubt as to sanity exists.

Before the sitting of the Court, when trial of such cases is to be held, this commission should visit the county wherein the crime was committed, and should have full power to summon witnesses, and after a thorough examination of the prisoner should return a verdict as to his sanity, which verdict should be final.

At the sitting of the commission the attorneys for the defendant and for the State may, if they desire, appear and, in writing, state the grounds on which insanity is or is not held as the case may be.

If the finding of the commission is that the prisoner was insane, and unable to distinguish between right and wrong at the time the act was committed, he should be discharged; or, if in their judgment the public safety demanded it, he should be sent to an insane hospital until such time as examination by the commission shall show him well and safe to again mingle with the outside world.

For the care of the criminal insane a wing should be connected to one of the State penitentiaries to be devoted to this purpose.

If the finding of the commission is, sane at the time of the act, but insane now, the punishment should not be death. Neither should it be death if found insane, but still able to distinguish between right and wrong, as in either instance there is a presumption that the prisoner was mentally deficient to a degree which lessened his responsibility for the act.

If found sane he should, as a matter of course, be turned over to the Courts to be dealt with as other criminals of his class.

A commission thus properly constituted would tend to establish justice and to the punishment of crime.

Few criminals, not insane, would choose to pose before this board, as no sane man could hope thus to establish his insanity; nor would an insane man unjustly be brought into Court and placed upon trial for his life.

THE TREATMENT OF DIARRHEA BY DR. SAPELIER.

"When the alvine evacuations," says Trousseau, "are at once more liquid, frequent and abundant than normal; when these matters are constituted of the residue of undigested or imperfectly digested food; by the product of intestinal, pancreatic, or hepatic secretions, whether or not containing blood, pus, or debris of the mucous lining of the bowel, we say there is diarrhea." To this complete definition may be added that the normal condition of the stools varies ac-

cording to age, and individuals, and habits.

A symptom of both gastro-intestinal disorders, and general diseases, diarrhea is not a morbid entity, and depends on four principal causes—physical, poisoning, infectious and diathetic states. While this division is perfect theoretically, it is not so clinically, for several of these causes may be combined in their action, so that in many cases the etiological factors are very complex, without reckoning the reaction from other morbid causes due to individuality.

Looking at the subject from an exclusively practical and clinical point of view, let us see what the patient is, and then what form of diarrhea he has. In this way we can divide the pathological conditions in which the disorder occurs into two groups.

1st. Affections in the course of which diarrhea is beneficial or at least not dangerous.

2d. Affections in which diarrhea is the prominent and dangerous symptom.

In the first order, those diarrheas which must be respected, encouraged if needful; those also which only need restraint when, by reason of their prominence, they become prejudicial.

The second group contains all diarrheas which it is necessary to treat.

First. Diarrheas generally not requiring treatment.

(a) Those consecutive to absorption of toxic matter.

Here it is requisite not to interfere with the eliminative action, unless it becomes exhausting to the patient, or is likely to set up an inflammatory condition.

(b) Where due to a dropsical condition, the cause of the dropsy (either heart, kidneys or liver) not being important, it is requisite not to rashly check the diarrhea; sometimes even it must be provoked by drastic cathartics. In some persons, the milk diet necessary in some cases provokes profuse diarrhea. In these the diarrhea may be, to some extent, restrained by dietetic and medicinal means.

(c) If there is a rheumatic or gouty or even herpetic condition at the foundation of the disease, diarrhea coming on often brings about a cure. Purgatives, especially salines, often arrest symptoms of rheumatism or gout. On the other hand, subjects of these diseases fre-

quently suffer from chronic and rebellious diarrhea. In jaundice the bilious diarrhea must not be interfered with; and the same may be said of cases due to intestinal accumulations or to abscess opening into the bowel. Diarrhea occurring during the menopause requires regulating only unless it becomes too profuse. The same may be said of typhoid, and the exanthemata, phthisis, etc.

Second. Diarrheas requiring treatment are those due to causes under the influence of the nervous system, and those referable to toxic or infectious agents introduced into or developed in the economy.

With regard to the first causes, cold, either external or internal (from injected liquids), emotions, etc. Chronic diarrhea is often caused by hysteria and neurasthenia. Stein has lately shown that this variety of diarrhea (nervous) is not due only to catarrh of the intestines, but may be the result of functional disorders of the nerve ganglia presiding over peristalsis—the proper remedies being nerve tonics, anti-spasmodics and anodynes (excluding opium if possible). Turpentine or nitrate of silver, with belladonna or opium, are also useful.

The diarrheal condition seen in exophthalmic goitre also comes under the same treatment. In all cases diet must be carefully regulated.

(To be continued.)
Bull. gen. de Therap.

THE PARSONS METHOD IN THE TREATMENT OF CANCER.

The treatment of malignant growths by the use of the electric current has so far produced uncertain results. No well-recognized method of operation has been developed. Dr. W. L. Jackson, of Boston, recently reports his experience in operating upon cancer of the breast by Parsons' method. Few others have attempted it, and it is admittedly still in the experimental stage.

Dr. Parsons seeks by high intensities (400 to 600 milliamperes), alternated at frequent intervals and flashed through the tissues, to destroy the life of the cancer cells, which are of a lower vitality than the surrounding tissues.

Dr. Jackson inserted two needles (one positive and the other negative) about half an inch apart, with the patient under the influence of ether. The time of the operation was one hour and three-quarters. The battery was composed of 96 red fluid cells, connected directly with the current graduated in milliamperes up to 1000. The voltage of the entire battery at the beginning of the treatment was 115. All the tissue in an area six by eight inches was gone over.

Owing to the resistance of the tissues the needles could not be inserted without a trocar. The meter indicated cur-

rent strengths varying with the tissue in which the needles were inserted. In healthy tissue on the outskirts of the tumor about 200 milliamperes were obtained, while in the more developed parts of the tumor the intensity increased to 750 milliamperes.

When the current was reversed there was at once a marked diminution in the intensity. On a return of the pole-changer to its first position the current increased again, but not to its original height.

Eighty-seven applications of the current were made with about 20 alternations in each, giving about 1700 alternations for the entire treatment. Muscular contractions were quite vigorous at first, especially as the axilla was approached, but later they became much less marked. Polarization of the needles occasioned some difficulty. Muscular fibre offered the least resistance, whereas fat gave so much as to allow the passage of only a slight current.

The patient came out from the ether very well. The pain was so severe it was necessary to administer morphine. There was scarcely any fever.

On the fifth day an abscess developed in the most active part of the growth and a slough gradually separated, leaving a cavity about the size of an English walnut. In two weeks she was discharged from the hospital.

One month later she discovered a swelling in the left axilla. From that time she gradually failed, and three months after the last operation she died. No post-mortem could be obtained.

The nodule in the left axilla, which developed so soon after the operation, showed that the disease had already impregnated the system. I believe the patient was compensated for the suffering of the two operations by the hope and expectation she had for a long time of recovery, in the feeling that something was being done, and by a marked though temporary relief from the pain after this operation.

In regard to the apparatus, the needles should be about three to three and one-half inches long, strong, insulated with hard rubber, leaving a quarter of an inch exposed. They should be attached to a single cord, which, with all connections, should be insulated with soft rubber so that it could be easily cleansed and disinfected. One needle to each pole is sufficient. There should be a perfect contact pole changer. The milli-ampere meter should be quick in its action, calibrated up to one ampere in milliamperes. There should be some reliable rheostat interposed between the meter and the battery to graduate the flow of the current.

The battery should be capable of giving a large volume of current and maintain a nearly constant electro-motive force throughout the operation, and should have a low internal resistance. Finally, let no one undertake Parsons' method of treating cancer unless he is familiar with the use of this most subtle and potent force.

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THE BINDER AS A POSSIBLE CAUSE OF HERNIA IN INFANTS.

This subject is by no means a new one, as in 1891 it was brought before the profession in a paper read in the Children's Section of the American Medical Association by the present editor of "The Times and Register." This paper was subsequently published in the journal of the association, October 10, 1891, and is referred to by Mr. Manley in his work on "Hernia."

This paper was not written from a purely theoretical standpoint, for from a certain amount of clinical experience the fact was apparent that the application of the binder in early infancy led to a number of cases of inguinal hernia, due to the restricted elasticity of the abdominal walls and the application of the straining force upon the inguinal aperture when the child cried.

Nature destined the abdominal walls to serve a purpose when she made them elastic, and it is not right that we should confine the limits of expansion when such restrictions mean injury to other parts. The purpose to be served by elastic abdominal walls is the prevention of these very herniae which it was formerly considered necessary to apply binders for.

Congenital herniae, pure and simple are not to be considered in this connection as being or not being caused by the abdominal binder in infancy, although it is quite probable that many so-called congenital herniae are produced by this one factor alone.

The shapeliest children and those least apt to have herniae when matured are those to whom a binder has never been applied.

How, then, shall we dress the cord? (for that is one of the most urgent conditions for which the binder is considered necessary).

The cord may easily be dressed without the use of the binder in the following manner:

Supposing that the cord has been safely ligated and severed, a small wad of antiseptic absorbent cotton is wrapped about its entire length, the surrounding surface of skin having previously been thoroughly cleansed in the bath and afterwards dried, the cord is then bound to the abdomen by a small strip of adhesive plaster, one inch wide and six long. The whole affair is allowed to remain in this condition until the time arrives for the cord to have separated, when the plaster is easily removed by applying, for a few minutes, a towel wet with warm water. Should there be any further need of dressing the same process can be easily reapplied.

The simplicity, cleanliness and ease with which this method of treating the cord is employed at once makes obvious its superiority over the old method of dressing in doing away with the dangerous binder.

A clean, healthy-looking wound will be left after the cord has separated, which, with a second small pad of antiseptic cotton applied for a week longer, ensures a satisfactory healing of these parts.

It is difficult to see where the necessity for a binder on an infant, other than this, exists. Certainly the binder does not make the baby warmer, and, if loosely applied, is generally to be found up under the arm-pits after a brief space of time.

Therefore, let us urge upon the nurse the necessity of reform in respect to the application of binders to infants, and, in this manner, at least do our duty toward a rising generation of children whose wail is often long and loud.

SPRING AND SPRING MEDICINES.

Now that spring is once more near by, and, as the temperature of the atmosphere increases, the human system will feel the depression due to the loss of the vitalizing power of cold weather.

At this time the organ grinder and patent medicine man, with questionable music and "sarsaparilla," will endeavor to invigorate our bodies and deplete our purses. In truth, the first is quite as much a tonic as the last, but there is probably more money to be made from the patent sarsaparilla.

The idea pervades the mind of the average layman that the bodily depression he feels during the spring months is due to the "running down of his system," "impure blood," or various other mysterious causes, when, in reality, the depression is but a natural outcome of the advent of spring.

The virtues of the patent "sarsaparilla" lie principally in the iodide of potassium it contains and the money it puts into the proprietor's pocket; the virtues of spring are apparent as soon as we lay off our winter clothing, or dress in accord with the temperature, and if one indulges in the luxury of taking "100 doses for \$1" he finds himself "cured" (?) about the time it becomes burdensome to wear heavy flannels.

It has become a fad to think some sort of medicine is necessary in the spring of the year. There may be cases in which a tonic or appetizing remedy is advantageous for the debility due to the season, but as a rule if one is careful in his dress, eating and sleeping, and follows a regular course in habits, does not overwork or worry, the chances for good health and strength are vastly better if he lets spring medicines alone.

DR. W. W. POTTER, OF BUFFALO,
NEW YORK, ON THE PREVENTION OF DISEASE.

Under the above title Dr. Potter presented an essay before the New York Academy of Medicine on the evening of February 1.

In the opening of his address he made but few preliminary remarks, and proceeded promptly to deal with his subject.

The body of his discourse dealt chiefly with two things: First, the prevention of disease by an educational process, which was to be disseminated by the

profession. Secondly, that in order to make progress more effective in this direction an endeavor should be made to reach National and State Legislatures, that we should have a national officer of health, and that the Assembly of New York should be invoked to pass such laws as would more effectually prevent the possibility of the spread of tuberculosis.

He evidently is a strong believer in the germ theory; for he is an evident believer in the contagious potency of the tubercle bacillus.

He would have consumptives isolated, and strongly insisted on the necessity of sterilizing the sputum of phthisical patients.

Incidentally he gave the credit of first discovering the contagiousness of typhoid fever to the elder Dr. Flint, when he was a Buffalo practitioner.

Gonorrhoea, he affirmed, was altogether a more serious malady than syphilis. It might linger for years in the mucous tract of the vaginal canal of the female and in the lacunæ of the male urethra. One case was cited in which a widow infected her spouse five years after she had lost her first husband, who had left her this among his legacies. Diphtheria, too, was another disease set down as one of a bacterial origin, and which might be stamped out by the effectual isolation of the infected.

Cholera was also indicated as one of these dread maladies; diffused only through the agencies of certain germs.

If the author, when he prepared this paper, assumed that the body of New York practitioners were in accord with his views on the germ theory, as a predominant factor in diseases, or that they were prepared to press any new sanitary notion in the State Legislature, he evidently counted without a host, as the discussion ultimately proved which followed.

The veteran author and teacher, Dr. Abram Jacobi, was the first to take the floor. He commenced the scientific part of his remarks by observing that too much legislative interference was likely to rather frustrate, than advance sanitary science in those countries wherein republican independence prevailed; that the work of spreading the light should be an important part of every physician's duty; that each one in his own sphere, whether small or large, might accomplish much in this direction.

He practically denied the contagiousness of either diphtheria, tuberculosis or cholera.

Of the former he claimed that if the mucuous-membrane of the pharynx and air passage was healthy, and there were no patches of excoriated or diseased epithelium, infection was impossible.

The same thing applied to tuberculosis, the germs of which, he declared, we are eating, drinking and breathing every day in the week, and always with impunity when the general health was maintained at a proper standard. He cited the feat of Pettenkoffer and Emmerich, who devoured by the handful pure cholera germs, freshly cultured, with no harm whatever. This disease he emphatically denied was in sense a contagious disease, under the ordinary acceptance of the term.

It is evident that this eminent savant is en rapport, without qualification, with Ernest Hart, the editor of the "British Medical Journal," on the cholera question.

Dr. West Roosevelt, the chairman of the section of Public Health in the Academy, in discussing Dr. Potter's paper, said that at present there was no need for special legislation on sanitary matters. There was no dearth of easy matter to have new laws made, laws on health; in fact, it was a very but we do not require them.

It was evident as the Doctor proceeded with his remarks that he is bravely overcoming the tidal wave of Germ-ania.

He would favor destroying germs on general principles; but he believed, nevertheless, that their multiplication would be so rapid that it would make little difference. Prevention lay in prophylaxis, plenty of good light, water, wholesome food and proper care of the general health, which, to his mind, were the most reliable means of preventing disease.

Dr. I. S. Burt recounted that he had spent years among tuberculosis patients in his class of pulmonary diseases at the dispensary. He never had any fear of the contagion because he always took good care of himself, and this he believed the great secret of successful existence.

It might be well, he thought, for the physician to teach his patient what he could on sanitary laws; but he should first educate himself.

Dr. Joseph D. Bryant gave some of his experience on sanitary matters while he was Health Commissioner of New York and set forth how unsettled the views of physicians in general are on this question of the etiology of tuberculosis.

It was remarkable that a paper of so distinguished an author should draw so small an audience, for the attendance was very slim.

This was unfortunate, for the body of Dr. Potter's essay contained an able resume of the present status of sanitary science, and detailed with fullness and accuracy the progress made in modern things in the way of securing the greatest safeguards against infectious and contagious diseases.

MISLEADING STATISTICS.

The Keeley people publish a statement of the last 1000 cases of morphine addiction treated by them. The series ends one month before the publication, but they do not state when it begins; so that we are in the dark as to the average time that has elapsed since the patients were treated. Some of them evidently had only been a month out of the hands of Keeley, and, if the reports as to the popularity of the Dwight methods be true, the 1000 cases must have been treated within six months. This is an exceedingly short period in which to calculate on the permanency of a cure, and yet this report acknowledges over four per cent. of relapses! That is, the Keeley people state that they know of that many relapses. How many more have occurred it is impossible to say, as after the patient goes out of the doctor's control the only means of knowing his future career depends on his truthfulness, and it is not going far to say that many of these people are very loath to acknowledge their return to the habit. But in any event four per cent. of relapses in from one to six months is not a very creditable record.

A Keeley graduate now under treatment for relapse furnishes the following information concerning his native town: Sixteen cases went through the Keeley cure. Three have since died suddenly, one committed suicide, and eleven have relapsed. One still holds out.

TESTS FOR DEATH.

It is stated by a French authority that a temperature of twenty degrees below the normal standard in the armpit, and twenty-two degrees internally, is a positive proof of cessation of life. Thus the question of death may be determined with certainty by those unacquainted with the more usual tests.

EPILEPSY.

Paul Flechsig ("Neurol Centralblatt") treats epilepsy first with small doses of opium gradually increased, for six weeks, and withdraws it, and substitutes large dose of bromide of potassium. After two months, the latter is reduced by degrees until small doses are given at regular intervals. The opium treatment seems to prepare the way for the bromide, and to intensify its effect. He reports success in many cases, and phenomenal results in one.

PHENOCOLL HYDROCHLORIDE IN CHILDHOOD.

This has been extensively used in fever and convulsions of children, being easy of administration and free from objections, and it is entirely eliminated by the urine.

Dr. E. Modigliani has employed it in Italy, with the result that six out of seven cases of chorea were cured in a few days; ten out of thirteen cases of convulsions were cured and one improved; and eleven out of thirteen cases of various fevers showed considerable reduction of temperature without producing any disturbance.

GLAZED PAPER.

Books for students should not be printed upon glazed paper. Students who are obliged to burn the midnight oil soon get photophobia and conjunctivitis, and then the glossy paper of text books becomes an intolerable torment.

The Germans have given up their peculiar style of letters in scientific books, and adopted the Roman letters, to save their people from myopia. Now if they and we would use tinted inks and paper it would be a step in advance. But if we must have white paper in our text books, leave off the gloss, please.

J. A. T.

BOOKS AND PAMPHLETS RECEIVED.

MODERN HOMEOPATHY. ITS ABSURDITIES AND INCONSISTENCIES. By William W. Browning, A. B., LL. B., M. D. Brooklyn, N. Y. Press of Wm. F. Fell & Co., 1220-1224 Sansom street. 1894.

ENTERORRHAPHY; ITS HISTORY, TECHNIQUE AND PRESENT STATUS. By N. Senn, M. D., Ph. D., LL. D. Reprinted from "The Journal of the American Medical Association," August 12, 1893.

FOUR CASES OF BRAIN TUMOR, IN THREE OF WHICH OPERATION WAS DONE—TWO OPERATIVE RECOVERIES—ULTIMATE DEATH IN ALL. By W. W. Keen, M. D. Extracted from "The American Journal of the Medical Sciences," January and February, 1894.

TAIT'S PERINEAL FLAP OPERATION. By F. Byron Robinson, B. S., M. D. Reprinted from the Chicago "Medical Recorder," August, 1893.

CRITIQUE OF MACROSCOPIC EXAMINATION OF SPECIMENS REMOVED IN THIRTY-TWO CONSECUTIVE LAPAROTOMIES, WITH ONE DEATH. By F. Byron Robinson, B. S., M. D. Chicago, Ill.

A NEW TONGUE-DEPRESSOR AND AN EAR SCREW FOR THE REMOVAL OF FOREIGN BODIES. By Louis J. Lautenbasch, M. D., Ph. D., of Philadelphia. Reprinted from "The Medical News," January 27, 1894.

THERAPEUTIC REFLECTIONS. A PLEA FOR PHYSIOLOGICAL REMEDIES. By Simon Baruch, M. D. Reprinted from "The Journal of Balneology," December, 1893.

REPORT OF A CASE OF CEREBRAL TUMOR, DIAGNOSED BY FOCAL SYMPTOMS, WITH OPERATION, SUCCESSFUL REMOVAL OF TUMOR AND EXHIBITION OF SPECIMEN. By D. A. K. Steele, M. D., Chicago. Reprinted from the "Journal of the American Medical Association," January 27, 1894.

ETIOLOGY OF PELVIC DISEASES IN WOMEN AND THEIR PROPHYLAXIS. By X. O. Werder, M. D., Pittsburg, Pa.

THE PRESENT STATUS OF THE TREATMENT OF UTERINE FIBROIDS. By X. O. Werder, M. D., Pittsburg, Pa. Reprinted from "Annals of Gynecology and Pediatrics."

PREGNANCY FOLLOWING A PARTIAL SUPRAPUBIC HYSTERECTOMY, COMPLICATED BY HEMORRHAGE THROUGH THE ABDOMINAL CICA-TRIX. By X. O. Werder, M. D., Pittsburg. Reprinted from the "Transactions of the Association of Obstetricians and Gynecologists," June, 1893.

THE ABSORPTION OF IMMATURE CATARACT, WITH RESTORATION OF VISION. By J. Hobart Egbert, A. M., M. D., Ph. D. Reprint from "Notes on New Remedies," December, 1893.

PRIMARY SYPHILIS AND GONORRHEA IN CHILDREN. By B. Merrill Rickerts, M. D., Cincinnati, O. Reprinted from the "Journal of the American Medical Association," December 16, 1893.

THE SURGERY OF THE HAND. By Robert Abbe, M. D. Reprinted from the "New York Medical Journal" for January 13, 1894.

SARCOMA OF THE KIDNEY; ITS OPERATIVE TREATMENT. By Robert Abbe, M. D., of New York. Reprinted from "Annals of Surgery."

Bureau of Information.

Under the Charge of W. F. WAUGH, A. M., M. D., 834 Opera House Block, Chicago.

DOSIMETRIC MEDICATION.

I have read with interest your articles on the dosimetric treatment, etc., and have purchased your outline of treatment, which I like. I see you say in your book that the doses you give are for adults, and yet I notice in circulars and articles that this dose is given to children. Do you think Abbott's granules are as entirely satisfactory and reliable as Wyeth's tritulates? Among Abbott's granules are there any you can recommend as a quick, active cathartic for small children?

R. T. W.

(The same dose is often given to children as to adults, but not so often or so long. The ideal dosimetric medication is by giving a granule every ten to thirty minutes until the effect has been obtained. I prefer granules, as a rule, to tritulates, but employ each. The difference is in the dose mainly. The granule of croton oil, one-tenth drop, is said to act on children about as a dose of castor oil would, the violent effects being only seen after doses of one-half to one drop. For very young children I would prefer syrup of senna and magnesia to any purgative granule. It is not easy to find anything to replace castor oil, and if it be given in a little hot milk with chocolate, or with syrup of licorice, children will rarely object to it. Heat renders the oil fluid, so that it does not adhere to the teeth, and children will take anything for the sake of a little licorice or cinnamon.

W. F. W.).

IMPOTENCE.

I see that you are quoted as treating impotency, which has recently developed in my case, some six weeks ago. Am in perfect health otherwise, with the exception of insomnia, and the weakness of my sexual organs, partial erection by artificial stimulation is possible. Am married and 35 years old; had clap 12 years ago, and have practiced medicine on horseback for 18 years. If you can render me any assistance I would be thankful.

B. M.

(In so young a man the cause is probably chronic inflammation of the prosta-

tic urethra, extending to the prostate and the testicles, and dating from the gonorrhea. The urethra should be explored by a sound. Abnormal tenderness should be removed by passing full-sized steel sounds, and chronic catarrh by injecting liquid petrolatum with euophenaristol. But if desire be still strong and the power of erection lost, it is possible this may be due to dilatation of the penile veins, in which case ligation would be indicated. In any case, beware of aphrodisiacs, which can only do harm.

W. F. W.).

THE NEW ANTIDOTE FOR MORPHINE.

It is reported that a man in Arkansas, who attempted suicide by taking three grains of morphine, was treated by the new antidote, permanganate of potash, and quickly recovered.

—New York Medical Record.

DIPHThERIA.

The best treatment for diphtheria, according to Pauliet, is as follows:

1. Apply to the false membranes a saturated solution of papaino.
2. Half an hour afterward apply glycerine, with corrosive sublimate (Liq. Van Sweiten-Glycerine aa). Alternate these every half-hour or hour till the membranes disappear.

Bull gen. de Therap.

The following letter has been received, which explains itself:

Editor of the "Times and Register,"

Dear Sir: I beg to send you herewith the statistics of the New York Pasteur Institute for the year 1893. You will notice that not a single case of hydrophobia has been observed among the eighty-five persons treated, while other persons and animals bitten at the same time have died of rabies. I am pleased also to inform you that the 104 persons treated in 1892, whose cases you so kindly mentioned at the time, have remained well.

Hoping this information may be of some interest, and eventually of service to the readers of the "Times and Register," I remain, yours very truly,

PAUL GIBIER.

New York Pasteur Institute.

Surgery.

Under the charge of T. H. MANLEY, M. D., 302 W. 53d St., New York.

ON THE REMOVAL OF FIBROUS OR NASO-PHARYNGEAL POLYPI.

By Thomas Annaudale, F. R. C. S.

Further experience in connection with the treatment of these growths has convinced me that the number of cases in which they can be completely removed by the cautery wire is limited. Owing to their position and their strong and broad attachment to the bone an operation for removal by enucleation and evulsion is the only satisfactory method in the majority of cases. The serious hemorrhage which usually takes place in such operations has led to the adoption of many proceedings for the exposure and removal of these tumors, but I am of opinion that by a modification of the operation described by me in *The Lancet*, the large majority of fibrous polypi can be rapidly and completely removed without serious loss of blood, as it is a well-known fact that as soon as these tumors have been completely torn away from their attachment all bleeding of consequence at once ceases. I have always employed chloroform as the anesthetic in these operations, and by keeping the head in a dependent position—namely, hanging well over one end of the operating table—I consider that the risk of blood passing into the air-passages is not great. As a result, then, of my experience, I submit the following conclusions in connection with this subject: 1. That unless the tumor is seriously interfering with the respiration during the administration of the anesthetic, preliminary tracheotomy is not required. 2. That chloroform is the best anesthetic. 3. That the position of the head should be dependent—that is, hanging well over one end of the operating table. 4. That the following method of operating allows the tumor to be sufficiently exposed and rapidly removed: (a) The anesthetic having been administered and the head placed in the dependent position the mouth is kept open by an efficient gag. (b) A loop of strong silk is passed through each side of the soft palate, externally to and about one inch

above the uvula. These loops are left long and are held by an assistant, so as to steady the soft palate. (c) The soft palate is then rapidly divided in the middle line with a sharp knife along its whole extent, and through both its layers of mucous membrane, and its two halves are drawn apart by pulling upon the thread loops. (d) The tumor is now quickly enucleated or separated from its surrounding connections down to its attachment to the bone with a blunt periosteal elevator, assisted by the finger. (e) Thereupon, the neck of the growth is seized with a pair of strong forceps close to its attachment to the bone and wrenched or twisted off. If the attachment passes up into the nasal passages this portion will be most readily separated by introducing the same strong forceps through one or other anterior nostril, the working of the forceps being assisted by the fingers of one hand passed up behind the soft palate. (f) When the tumor has been thus removed the nasal cavities should be plugged with iodoform gauze and the halves of the soft palate stitched together. The thread loops may be retained until this stitching has been done, as they are useful in steadying the palate; after this they should be removed.

—The Lancet.

UTERINE CANCER.

The prognosis of uterine cancer should be much more favorable than that of corresponding disease in other parts of the body. The uterus is practically a polypoid, while the breast, for instance, is to all intents and purposes a sessile tumor. It seems reasonable that a growth in such a body as the uterus (which has limited and sharply-defined attachments to other parts) should have the disease confined within the limits of its own walls than would an organ like the breast, that is in intimate and close relationship at all points with the surrounding tissues.

—Medical Brief.

Therapeutics.

Under the charge of LOUIS LEWIS, S. M. R. C. Philadelphia.

EUROPHEN.

By Drs. A. Offelein and J. Neuberger, Nurnberg.

We have treated a large number of cases (over 200) with Europhen during a period extending considerably over a year, and our results have been so satisfactory as to lead us to warmly recommend the remedy. We will first report the good effects of Europhen in cases of large and small wounds healing by primary union or granulation, of which a large number came under observation.

Simple incised wounds, after suturing and application of Europhen in powder, healed rapidly without reaction, while even severe contused wounds going on to supuration became clean and cicatrized promptly. A similar effect was observed by us in cases of machinery injuries with extensive loss of substance, in phlegmons of the hand, extensive whitlow after incision, in complicated fractures of one or more of the phalanges of the fingers. Usually Europhen was employed in the form of the powder, but sometimes in a 3 to 5 per cent. ointment with vaseline. The results obtained in these injuries warrant us in ascribing decided antiseptic properties to Europhen, especially since in many of these cases it was the only remedy employed without previous disinfection.

Aside from its odorlessness and antiseptic power Europhen exerted a drying effect in the treatment of erosions on the and in the vulva, fissures of the anus, and especially balanitis (40 cases). In a short time, sometimes after one insufflation, the secretion was diminished and the redness and inflammation disappeared in cases of balanitis. It appeared to us that in neglected cases of balanitis complicated with slight erosions Europhen acted more promptly and effectively than dermatol.

The application of Europhen never gave rise to eczematous irritation.

The same favorable results were observed from the use of a 3 per cent. ointment with vaseline in a number of cases of burns of the first and second degree, and in four cases of lupus exulcerans in which cicatrization was obtained within a comparatively short time. In cases of lupus ulcerations the effect of Europhen in stimulating granulations was strikingly shown.

—Monatshefte für praktische Dermatologie, Bd. XVII., 1893.

FORMALIN IN THE DIAGNOSIS OF TYPHOID BACILLUS.

Schild ("Centralblatt für Bakteriologie") finds that the growth of the bacillus of typhoid is checked by the action for formalin far more readily than that of bacterium coli. One part of formalin in 15,000 prevents the growth of typhoid bacilli in broth, but has no such effect on the bacterium coli, for they multiply even in the presence of a 1 in 3000 solution.

Schild therefore suggests that 7 c. c. neutralized broth be placed in a test tube and sterilized, and 0. i. c. c. of 1 per cent. formalin solution added through a sterilized pipette, giving 1 in 7000 disinfectant power. Then if the tube be inoculated with some of the culture the presence of typhoid bacillus will be indicated by clearness of the broth, while it will become turbid in twenty-four hours in the presence of bacterium coli.

TRIKRESOL.

Dr. O. Liebrich ("Ther. Monatsh") states that of all the coal-tar products, the three modifications of cresol (ortho-cresol, meta-cresol and para-cresol), prepared chemically pure, and combined under the name of trikresol, are the most generally useful as disinfectants, and are free from the objectionable qualities of carbolic acid, creolin, solveol, solutol and lysol. All these vary in their percentage of cresols, and most of them contain deleterious by-products. But the pure cresols are soluble in water at ordinary temperature to the extent of over 2 per cent., though a ½ per cent. solution suffices for ordinary purposes, and a 1 per cent. solution answers all surgical requirements.

Thus trikresol is available in a series of preparations of constant composition.

SALIPYRINE IN UTERINE HEMORRHAGE.

Professor Rayser (Giessen) recommends salipyrine for uterine hemorrhage, especially when preceding the menopause. Three grammes should be administered at equal intervals in the twenty-four hours, at the commencement of menstruation or the day before. Salipyrine is a white, crystalline, inodorous powder, little soluble, except in alcohol. It may be given conveniently in "cachets," potion or elixir.

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

TREATMENT OF BILIARY LITHIASIS.

In cases of acute hepatic colic, Grasset advises:

1. Place the patient in a full warm bath, where he should remain from $\frac{3}{4}$ to $1\frac{1}{2}$ hours.

2. Give every hour, or even every half hour, a teaspoonful of

R	Sat. chloroform aq.....	grams.
	Dill water.....	150
	Syr. Orange.....	100
		50

Or, chloroform may be inhaled and morphia given subcutaneously.

If olive oil is tolerated, 200 c. c. may be given in wineglassful doses every quarter hour.

The food should be cold soup, or milk or ice cream. Injections to produce liquid stools should also be used.

—La France Medical.

TECHNIQUE OF LABORDE'S METHOD.

Seize the tongue firmly by its tip, holding it by means of a handkerchief, and make strong, repeated tractions, in a successive, rhythmical manner, from fifteen to twenty times per minutes; imitating as closely as possibly the natural respiratory movement.

The root of the tongue should be well drawn forward.

As soon as a certain resistance is felt, it is proof that the respiratory function is becoming re-established, and that life is returning. There is then usually an attempt at deglutition, soon followed by a noisy respiration, which may be called "the inspiratory hiccough," the first sign of revivescence.

The jaws must be kept separated—and the back of the throat cleared of mucus by the finger and provoked vomiting in the throat (2) to (1). The tongue forceps is especially useful in the case of asphyxia neonatorum.

—Bulletin de l' Academie.

TREATMENT OF CONSTIPATION.

1. Removal of the cause.

2. Diet, massage, electricity, hydro-patherapy, injections, suppositories, purgatives, should be used as little as possible.

THE USE AND ABUSE OF BICARBONATE OF SODA IN STOMACH AFFECTIONS.

Bicarbonate of soda, in large doses, continued for some time, is very prejudicial. While, by its sedative and antacid action it produces temporary alleviation, this result is merely palliative.

It is likely to bring about weakened peristaltic action and habitual constipation, together with delay of the food in the stomach from weakened digestive power.

Its use should be restricted to a temporarily sedative action in chronic cases; and should be employed in full doses, only, in cases of acute indigestion, for its antacid action.

—(La Revue Medicale.)

DEATH BY AN OYSTER.

Too much care cannot be exercised when eating shell-fish. One bad mussel or oyster may kill one promptly as an overdose of morphia. Many cases of mussel and oyster poisoning, some fatal, have been recorded. Only on Monday last an inquest was held touching the death of Mr. H. W. Parkins, a well-known boat builder, who resided at Eton. On the previous Friday he treated himself to an oyster supper. On eating the eighth he remarked, "That's a wrong one, I know." The following day he was seized with violent internal pains, and on the Sunday he died. The verdict of the jury was that death was due to eating a diseased oyster.

—Hospital Gazette, Feb. 17, '94.

PHYSICIANS THEIR OWN DISPENSERS.

The intention of the Royal College of Physicians of Ireland to remove the prohibition against its licentiates making up their own medicines has been carried into effect, and the last batch of such licentiates were, we believe, sworn in without the clause of the declaration which prohibited their doing so. This is a very wise concession to the altered circumstances of medical practice, and it is gratifying to see that the college is commencing to look at such questions with the light of common sense, which, be it said with respect, it has heretofore not been accustomed to do. The privilege of dispensing medicines thus extended to licentiates does not, as we have pointed out, cover the compounding of medicines for any but their own patients. The right of making up medicine for the general public in Ireland still rests with the Apothecaries' Hall and the Pharmaceutical Society.

—Medical Press, February 14.

TREATMENT OF NEURASTHENIA.

LIGHT FORM.

1. Full diet, as much as can be assimilated; no intellectual work; open air with bodily exercise.

2. Cold shower bath every morning, followed by rubbing and a quick walk. In the evening before dinner, methodic massage of the entire body.

3. To alternate, monthly, the following treatments (20 days of treatment and 10 days of rest).

(a) At each meal a teaspoonful of

R	Hydroalcoholic Extract Kola.....	grams. 10
	Syrup Bitter Orange Peel.....	300

Or a coffee spoonful of

R	Tr. Kola.....	grams. 50
	Tr. Coca.....	50
	Ac. Citric.....	1
	Arseniat. Sodii.....	05

At each meal a cachet of

R	Ferri Redact.....	grams. 10
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And a spoonful of

R	Acid Hydrochler.....	grams. 1
	Water.....	300

4. To go to some mineral springs in autumn and spring for a period of six months.

GRAVE FORM.

1. Take the patient from his ordinary surroundings and place him in a special hydropathic institution.

2. Life in open air combined with rest, as obtained by a wheel-chair. Complete brain rest. Exercise as prescribed.

3. Methodic massage. Electrotherapy cold baths.

4. Progressive forced alimentation at stated periods. Milk should be used at commencement, eggs, meat puree, etc.

R	Sulph. Strychniae.....	grams. 0.05
	Aqua.....	150

Teaspoonful doses, 3 times a day; when the patient improves use the same treatment as in the light form of the disease.

III. "Sequardian" Treatment. When a patient declines the ordinary treatment, this may be tried. First suspend all other treatment. Make daily, under complete asensis, a hypodermic injection of 1 cc. of a mixture of orchitic liquid and distilled water. The injections to be increased by a cc. to 5 or 6 per day.

Second. Continue these 20 days, wait

ten days and resume. These two series will suffice to show whether the treatment will be successful. If hypodermic injections do not succeed, injections by the rectum may be tried. Hot water injections to cleanse the bowels are first used, then with a special syringe, the injection of 1 to 2 cc. of the testicular liquid, be made. The same process and rules are followed unless they produce irritation.

IV. Injections of artificial serum. In cases of lowered arterial tension (lessening of first sound, tachycardia embryocardia), make 2 to 4 times a day a hypodermic injection of 1 cc. of

R	Sodii phosph. pur.....	10
	Sodii sulph. pur.....	5
	Sodii chlor. pur.....	2
	Ac. carbol. cryst.....	0.50
	Aq. Distill (boiled).....	qs. ft. 100
	—La France Medicale.	

ALIMENTATION IN NEURASTHENIA.

In a recent work on this subject, Dr. Vigourous (Paris) states that as a rule neurasthenics eat too much and drink too little. Their foods should be chosen from the most readily assimilable, calling for a minimum amount of digestive work.

Grilled or roast mutton, fish, ham, eggs, vegetables, potatoes (plainly boiled), farina soups, rice cakes, Italian patties, coffee and fruit. Little or no beef tea, fat, sauces, spices, and only the freshest butter.

The albuminoid element of the food should not exceed a sixth part of the total. Three meals a day, at long intervals, the last being two or three hours before retiring, the heaviest in the middle of the day.

Plenty of water, at least a litre and a half per day, is the best of all drinks for neurasthenics, and a little white wine, if desired. Water maintains the arterial tension, irrigates the tissues and assists the excretion of debris. Milk should be prohibited; also vegetable soups, peptones and extracts of meats. This regime has no special tonic or reconstructive properties, but is intended to meet the actual wants of the organism, to save unnecessary digestive work, and to minimize the accumulation of used-up material. It would be equally serviceable in eczema and psoriasis and in arthritic conditions.

Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., 665 Lexington Ave., New York.

TWO INTERESTING ELECTRICAL EXPERIMENTS ON THE HUMAN BODY.

During the month of July, 1893, M. Savary d'Odiardi addressed a communication to the French Academy, in which he claimed to be the original inventor of the method recently devised by M. d'Arsonval, of subjecting living organisms to the inductive effects of high frequency currents, called "auto-conduction" by the French savant. However, this plan was not first suggested by M. d'Odiardi. Dr. Boudet, of Paris, employed the same arrangement in 1877, and his apparatus was exhibited in 1881.

M. Lecerle has recently experimentally determined the quantity of heat emitted from a measured surface of the skin of a hare when subjected to static electrification, termed electric breathing. The heat reflected from the skin was received upon a thermometer placed at a distance of four centimetres. For the purpose of this experiment the animal was kept under a glass cover traversed by a current of air. The air current produced by a static machine, whose plates measured 35 centimetres, caused a heat emission corresponding to a rise in temperature sometimes exceeding two degrees. By comparing the electric energy produced by the machine with the emitted calorific energy which could be measured by means of the difference in temperature between the air inside and outside of the glass cover, M. Lecerle reaches the conclusion that there is a definite relation between the electric energy to which a living organism is subjected and its emission of calorific energy. The same experimenter observes that the increase of the emissive power of the skin is accompanied with a decreased temperature of that part of the body which is subjected to the electric breathing. He argues that his experiments prove beyond any contradiction the definite effect of electricity on living organisms, a fact which has been much disputed.

—Electrical Review.

AN EPITHELIOMA SUCCESSFULLY TREATED.

In a late issue of the "Times and Register," the editor expressed a willingness to receive articles from outside supporters; hence it is my wish to offer the following history of a case of probable epithelioma.

A woman aged 84 years called upon me October 18, 1893, in regard to a growth upon the back of her left hand. It was about the size of an ordinary hickory nut, and the result, she said, of a cut received from a knife a number of

weeks previously, which did not entirely heal.

It presented a dull, livid appearance around the sides, and a grayish scaly appearance on the apex; she complained of shooting pains in it, especially at night.

A full history of the case was sent to one of the best surgical authorities in Philadelphia for a diagnosis, who confirmed my suspicions of epithelioma.

The result of treatment in this case is especially interesting. Into this growth I inserted two steel needles, attached to both poles of the galvanic battery, and for about fifteen minutes passed a continuous current as strong as the patient could well bear. This was repeated upon two subsequent occasions, at intervals of about a week. I gave internally small doses of Fld. ext. Phytolacca and Fld. ext. Rumex, also an ointment of the same drugs. Within three weeks the whole growth dropped off, leaving a small, healthy granulating surface, which entirely healed and is now as smooth as the surrounding parts, with no suffering of any kind, or discoloration remaining.

—Truman Coates, M. D., Russellville, Pa.

HYSTERIC NEUROSES OF THE PNEUMOGASTRIC VAN NOORDEN.

In hysterical women a group of symptoms, with functional derangements of three different regions supplied by the pneumogastric nerve (which have not as yet been noticed), are the subject of this paper.

In the pharynx and larynx, Van Noorden noted hypo-esthesia, or anaesthesia, to these disorders of sensation; there is sometimes added aphonia; and there may also be hyperaesthesia of the mucous membrane.

In the stomach, hyperaesthesia showing itself by painful sensations, and vomiting on taking food.

The heart shows it by irregularity, and slowing of its action.

The two first groups are so common in hysterical subjects that mere mention of them is sufficient.

The third group, however, is less often met with. Slowing of the pulse is less frequent than acceleration, as V. N. also admits. Bradycardia, observed by him, lasted from a quarter of an hour up to some hours, or weeks. In several patients its hysterical origin was shown by the fact that during the taking of the pulse the number of beats, from being normal, soon lowered to below 60 per minute. The irregularity of the pulse is a sign which has scarcely been proven as being of hysterical nature, especially if it has been taken during a violent attack, resulting from some purely mechanical cause. These patients of Van Noorden's, however, were under no excitement, they breathed and talked tran-

quilly during the time they were under observation and while the pulse was irregular. The duration was very variable, and the character of the arythmia also varied; but the following were established as types:

1. The heart beats regularly for five to twenty consecutive contractions. Between these series there is a slight pause, lasting for the space of one beat, or rather less.

2. The frequency of the pulse is rapidly modified; from being regular it "races" for e. g. a quarter of a minute, and then becomes normal again.

3. The pulsations are so irregular that it is difficult to find equal intervals between two or three beats.

4. There also exists regular arythmia, that is to say, double or triple beats, lasting some minutes, as Noorden's tracings show clearly. This type is somewhat frequent. It is independent of cardiac lesion. These facts, taken singly, are not characteristic, but their ensemble in a case is what gives it value and indicates functional derangement of the nervous supply. Intensity may vary, bradycardia be wanting, but arythmia is always to be observed.

As to gastric lesions, always marked, the possibility of grave lesions cannot always be excluded.

—La France Medicale.

Miscellany.

THE IRISHMAN'S LEG.

The famous Abernethy had a favorite dictum that "operations are a reflection on the healing art, and the habitual operator is a savage in arms, who performs by violence what a civilized person would accomplish by stratagem."

An amusing anecdote is vividly illustrative of Abernethy's persistent practice in this respect: A poor Irishman, not long after Abernethy had been made chief surgeon at Bartholomew's Hospital, was brought before him, suffering from a diseased leg. Amputation was suggested, but Abernethy refused his consent, and finally succeeded in saving the limb. Going one day through the wards with his students, the Irishman, thrusting the leg out of bed, shouted out, "That's the leg, your honor; that's it. Glory be to God. Your honor's the boy to do it, and to the devil with the spalpeens who said your honor would cut

it off." Abernethy, improving the occasion, lectured the pupils upon the folly of hastily crippling a patient for life, while there was even the remotest chance of curing the diseased limb. Paddy indorsed all the surgeon said, repeatedly tossing the recovered leg in the air, and exclaiming: "Divil the lie in it. It's all true. That's the leg, gintlemen!"

FIVE FOOLISH FOLKS.

"As soon as my trade picks up a bit,"

Said the merchant, looking wise,

"As soon as my trade picks up a bit,
I am going to advertise."

"As soon as my vessel reaches port,"

Said the skipper with a wail,

"As soon as my vessel reaches port,
I am going to set my sail."

"As soon as my field of grain is grown,"

Said the farmer, sore in need,

"As soon as my field of grain is grown,
I am going to sow the seed."

"As soon as the man is well and strong,

Said the doctor, drawing close,

"As soon as the man is well and strong,
I will give him a curing dose."

"As soon as I know my soul is saved,"

Was the preacher's observation,

"As soon as I'm sure my soul is saved,
I'll pray for its salvation."

—William Florence, in Brains.

EDUCATION NOT APPRECIATED.

A young doctor, desiring to make a good impression upon a German farmer, declared he had received a double education: He had studied homeopathy, and was also a graduate of a "regular" medical school. "Oh, dot vas noddng," said the farmer; "I had vonce a calf vot sucked two cows, and he made noddng but a common scheeter, after all."

—New York Medical Record.

NAVY CHANGES.

Charges in the Medical Corps of the U. S. Navy for the week ending March 3, 1894.

Pd. Asst. Surgeon Richard Ashbridge dismissed from the Naval Service February 28, 1894, by the President's approval of the sentence of General Court Martial.

Pd. Asst. Surgeon A. G. Cabell ordered to the U. S. S. "Michigan."

Pd. Asst. Surgeon J. S. Sayre detached from the U. S. S. "Michigan" and ordered to the Naval Hospital, New York.

Asst. Surgeon R. G. Broderick detached from the Naval Laboratory and Department of Instruction and ordered to the Naval Hospital, Mare Island, Cal.

The Times and Register.

VOL. XXVII. No. 11.

PHILADELPHIA, MARCH 17, 1894.

WHOLE No. 810.

Original.

INCISIONS IN LABOR.

Dr. Wm. H. Taylor read a translation from Archive fuer Gynaekologie, Bd. 44, on the value of deep cervical and perineal incisions in labor, at the Cincinnati Obstetrical Society meeting in February 1894.

Alfred Dudressen, of the University of Berlin, has published several articles since 1890. advocating the use of incisions in certain cases of protracted labor, where there is defective dilatation of the os, and the vagina is narrow and rigid. Four incisions are made under exact antiseptic precautions from the os uteri to the vaginal junction. The forceps are generally used, but occasionally delivery may be accomplished by version and extraction by the feet. External pressure is used to press the head into the pelvis.

This operation is not to be adopted where neither the life of the mother nor child is in danger. The incisions are made by seizing the tissue of the cervix between the index and middle fingers of the left hand and cutting with Siebold's scissors.

Four incisions are necessary. The first incision should be directed backward, the next two to the sides and the last forward. If the posterior incision be made first, better results in healing are likely to be obtained. He lays stress upon the external pressure of the child's head into the pelvic brim.

This operation is particularly recommended where speedy delivery is demanded as in Eclampsia. By means of deep incisions the life of both mother and child may be saved by early delivery, otherwise in half the cases the child perishes from defective oxygenation of the blood, or from protracted narcosis of the mother.

FLAT-FOOT, AND ITS TREATMENT BY STEEL-SPRING IN-STEP ARCH; WITH CASES.*

BY THOMAS G. MORTON, M. D.

Mr. C. S., of Richmond, Va., has suffered from various accidental injuries of the right leg and foot; the first was about fifteen years ago, which was a sprain of the knee from a fall in dancing; after which for many years he suffered considerable lameness; subsequently he twisted or sprained the ankle, and on several occasions this was repeated.

A year ago he again injured the ankle, a probable sprain, and until July following was hardly able to walk, always requiring some sort of support; at that time he had a steel sole placed in the shoe, from which he had little if any relief; he then began to have spinal pain and a distressing aching in the neck and back of his head; could not go about except with the aid of a cane, suffered from exhaustion, became insomniac, lost appetite and weight.

On examination, early in January, 1894, I found a weak ankle and extreme talipes valgus. In addition there was a symmetry of lower extremities; the right or weak limb was three-quarters of an inch shorter than the other, and calf measurement showed the right half an inch less in circumference.

A lateral support was applied to the limb to support the weak ankle, and in the shoe, a Gefvert steel-spring arch; the short limb was made equal to the left by adding sufficient to the heel of the right shoe.

Mr. S. reports: "I can hardly realize that, after so many years of suffering, and in so short a time, I would be able to walk again without pain. I find the

*Read at the Philadelphia Academy of Surgery.

steel spring comfortable, and I find no inconvenience in having it in my shoe; my back and head have been relieved, I presume, by the high heel."

Either in uterine or early child life the patient had a slight one-sided paralysis, which, although arrested early, was sufficient to interfere for a time with the growth of the extremity, and this accounts for not only the ankle weakness but the variation in the length and size of the right as compared with the left limb.

Valgus—indeed, all the varied forms congenital talipes arise in the same way. Spinal and head pain is frequently associated with and caused by a short limb; the constant shocks the spinal cord and brain are subjected to in certain individuals are quite sufficient to bring about, in nervous temperaments, perhaps with impairment of general health, just such a condition.

The weak ankle has in this case been marvelously improved, even in a comparatively short time, by the steel arch.

The spring arch is fastened in the shoe directly under the tarsal arch; it is made of two elliptical pieces of steel which are three and a half inches long and two inches wide; one plate is flat, the other is arched on its inner side, which is intended to support the tarsal arch; the plates are joined together at their outer edge by a stout hinge, and the upper or arched plate on its inner side comes in contact with a lump of rubber which, when pressure is made from above, yields and gives the spring to the foot.

TRIONAL.

BY DOCTOR BEYER.

(Reprinted from the *Archiv. fur. Psychiatrie*, Bd. XXV. Bft. 20.).

Among the new hypnotics, Trional, since its first therapeutic employment by Barth and Rumpel in the Hamburg Hospital and by Schultze in the Psychiatric Clinic at Bonn, has constantly gained ground in the estimation of physicians, all of whom praise its hypnotic properties, although as yet undecided in regard to the more special questions as to its application. Supported by the numerous observations made for a long time at the Psychiatric Clinic at Strassbourg, including personal observations in sixty cases in the female division, it is now possible to sift the material collected up to this time in eight publications, so as to determine the special and general indications for the use of Trional.

When administered in sufficient dose Trional almost always produces a feeling of sleepiness which soon results in quiet, dreamless and refreshing sleep. The full effect usually manifests itself in the course of half an hour. It is prevented by bodily pains, noises in the neighborhood, and even light—the same conditions which are also apt to interfere with normal sleep; patients who have already fallen asleep are easily aroused by noises in the vicinity. Horvath attributes his bad results to the crowded state of his hospital wards at Budapest. The duration of the sleep seems to depend, to a certain extent, upon the size of the dose; at any rate, it was found that, while smaller doses act rapidly and effectively, the effect persists for only a few hours. After waking the patients feel refreshed, although the disease from which they suffer is not influenced by the hypnotic. If the dose is accurately estimated no after effects appear. The isolated observations of some authors, that a single evening dose exerts an influence on the second night, could not be confirmed in our cases of mental disease. On the contrary, our experience like that of others has taught us that discontinuance of the remedy, whether intentional or in consequence of refusal of the patient to take it or its secret replacement by some indifferent powder, or frequently diminution of the dose, had an unfavorable effect upon the sleep. A slight cumulative action, such as has been noted among others by Raimondi and Mariottini seems, however, to exist. Frequently the first dose prescribed fails to act, while if repeated in increased quantity on the following evening it exerts its full effect, and during the continued use of the remedy it was often possible to reduce the dose provided that there was no change in the symptoms. We can, therefore, coincide with Brie's suggestion to begin with a dose somewhat more than the medium size, and then soon to diminish it.

Habituation to the remedy has not been observed thus far, and we found ourselves necessitated to increase the dose only under certain circumstances, especially excitement, as for instance at the time of the menses. Its withdrawal after protracted use has never had any other consequences than return of the nocturnal restlessness, if the patients did not regain normal sleep by reason of the occurrence of recovery.

Various authors have attempted to employ Trional as a sedative remedy during the day, but the results have not been brilliant. Schultze obtained a moderately satisfactory result only when instead of several small doses administered morning and evening he gave 2 grammes, and Schaefer likewise failed to accomplish anything with 0.5 grammes, given four times daily. Boettiger alone obtained good effects from this method, and demands further experiments with fractional doses. In view of what we have observed, although but in a few cases, we would admonish against this method of administration. Trional is a

hypnotic and not a sedative. Small doses are ineffective, larger ones induce sleep, or a desire for sleep, which is counteracted by daylight, unquiet surroundings, etc., so that a very disagreeable condition results. As far as we can see, the good results in this direction have been obtained only in the case of paralytic or demented subjects who are oblivious to such disturbing influences.

As a sedative we, therefore, always prefer opium, and have found that its use in conjunction with that of Trional affords excellent results, if opium is given thrice daily and Trional in the evening. In cases where bodily pains interfered with sleep we observed similar success by combination with morphine, which alone would have had a sedative, but not a hypnotic effect. When, however, the pains have been controlled by morphine and then Trional was administered, a restful sleep ensued.

As regards disagreeable or injurious after-effects, we have not noted these after prolonged use, but after employment of large doses and more frequently than most other authors. If a patient after walking does not feel refreshed, but complains of drowsiness, a tired feeling or the eyes, etc., this serves as the first warning to us that the quantity of Trional prescribed is too large.

Furthermore, we observed, in several instances, marked drowsiness and very noticeable vertigo and staggering, similar to cerebral ataxia—symptoms which have been described by several authors. Actual symptoms of poisoning, such as severe malaise, cyanosis, vomiting, gastric disturbances were seen by us in only two cases in which Trional was administered in several doses during the day, although the total daily dose did not exceed the customary limits. In two other cases slight after-effects occurred while the drug was being administered in this manner, so that we are therefore inclined to assume that disturbances manifest themselves more readily after several fractional doses than after a single large dose. As a matter of fact, all the symptoms disappeared within a few hours after discontinuing the remedy, and failed to return later if its administration was continued in the proper dose.

One of the main points in the administration of Trional is the dosage. This explains in many cases the numerous contradictions in the different reports with reference to the inefficacy of the remedy on the one hand, and the unusual occurrence of after-effects on the other. Above all, we would emphasize the radical difference between males and females, which has nowhere been mentioned hitherto. If in one case the administration of even 1 gramme is followed by malaise and a staggering gait, while in another 3 grammes scarcely suffices to produce sleep, this circumstance is easily explained if we have to deal in the former case with a young woman, or in the other with a vigorous man. On an average male patients require at least 0.5, and at the most 1

gramme more than females. A second important element in the dosage is the constitution and bodily weight of the patient. After administration of as small quantity as 0.5 to a Kyphotic girl, whose weight was 20 kilo, we noted well marked vertigo.

A third point is the nature of the insomnia or psychosis. Aside from these factors a number of conditions must be considered which exert some influence if present for a time, even for a number of hours; these are psychical excitement, hallucinations, menstruation, and the ingestion of food. For example at a time of violent excitement a patient will require a large dose, 2 to 3 grammes to obtain the full effect, when at rest the same dose will produce disagreeable after-effects. Besides this, the effective dose gives comparatively little latitude, and quiet closely approaches the dangerous limit.

For all these reasons we cannot agree with previous observers who let the dose range from 0.5-3 grammes, fixing the latter as the upper limit. It must again be emphasized that Trional demands a dosage accurately regulated according to the sex, constitution, bodily weight, the nature of the disease, and the presence of temporary symptoms, the dose being subject to daily revision if possible. It is frequently advisable to determine the quantity to be used in the evening just before its administration, which is perfectly feasible on account of the rapidity of the effect, and preferable to giving a second dose later in the night. A well-estimated single dose in the evening assures almost without exception a good effect.

It remains to consider the main indications governing the employment of Trional. Its action is almost absolutely certain in simple insomnia and also in cases of neurasthenia, the initial dose for males being 1 to 1.5 gramme, for females 1 gramme and later reduced to 0.5 gramme. Similar brilliant results may be obtained in simple melancholia from the same doses, especially in the above-mentioned combination with opium. Larger doses are required in mania, give equally good effects; three grammes may be administered to males, two grammes to females, the large doses during the attacks of especially marked excitement, the smaller during their subsidence, while during the period of convalescence they may be reduced to 0.5 gramme. Trional has a remarkably favorable action upon the hallucinations, both in the acute forms as well as in chronic paranoia. The patients, often to their own surprise, slept quietly and undisturbed, even after administration of medium doses ($\frac{1}{2}$ gramme). In delirium tremens, if the dose is accurately estimated, the effect seems always to be developed. In the other psychoses we have not as yet obtained results which would warrant positive conclusions, and the numerous cases in the literature furnish no uniform data, especially since the above-mentioned points are not sufficiently noted in reporting the results. Further ob-

servation, which should not be as specific as possible, will be necessary to explain the still uncertain indications for the use of the remedy in paralysis, morphinism, etc.

This much is well established, that Trional, although devoid of useful sedative properties, may be warmly recommended as an excellent hypnotic; in small doses in simple and neurasthenic insomnia, in combinations with morphine in cases of bodily pains, in combination with opium in melancholia, in medium doses in cases of hallucinations, in larger ones in mania. The drug has no specific influence upon the psychosis. The effective dose varies, according to the individual and the symptoms, ranging from 0.5 to 4 grammes. It closely approaches the limit of dangerous effects, which sometimes manifest themselves after small doses down to one gramme, so that a generally applicable maximum dose cannot be designated. We are even less inclined to fix the maximum daily dose, since it is our custom to administer Trional only once pro die and then in the evening. Injurious after-effects can be easily avoided and rapidly and completely disappear as soon as the remedy is discontinued. Permanent ill results have not up to this time been observed.

TREATMENT OF DIARRHEA.

(Continued from last number.)

B. Diarrhea produced by a toxic or infectious agent introduced or developed in the economy.

Indigestion, with accompanying diarrhea, is to be cured by eliminating the toxins resulting from the indigestion by encouraging the passages by means of laxatives or purgatives of a saline character.

Acute intestinal catarrh with bilious symptoms requires both purgatives and emetics; most frequently the catarrhal condition is in the neighborhood of the junction of the ilium and cecum.

Here the best effects are obtained by the use of neutral salts, which soon change of character of the stools and curing the diarrhea by a process of mechanical antiseptics. Should this plan not cure the diarrhea, bismuth or chalk with vegetable astringents may succeed. In addition to these means, the diet must be regulated. Where the catarrhal process has become chronic, antiseptic purgatives, as calomel, are required, followed by intestinal antiseptics, of which the author considers bismuth, with opium and astringents, fully equal to any of the later antiseptic drugs, such as salicylate, benzoate, gallate of bismuth; salol, recorine, lactic acid, etc., etc.

In the administration of antiseptics we must note carefully the state of the organs, which may be affected by the drug. Thus those containing or forming by decomposition salicylic acid should not be used where the kidneys are unsound. The frequency of latent renal affections points the way to watchfulness.

Antiseptic drugs, however, will not fulfill all the indications, but must frequently be combined with astringents.

Diet is, however, as important as drugs in the treatment. The use of milk is the best, as it nourishes the patient, without doing harm to the intestines. A wine glass full of milk, boiled or sterilized, together with a tablespoonful of lime or vichy water, should be taken every 2 hours.

If milk is not well borne it may be replaced by albumen of eggs, prepared as follows: Take the whites of three eggs, beat well with a pint of boiled water, filter through muslin, and sweeten with syrup of orange. Rice water, toast water, etc., may also be used.

—Bull. Gen. de Therap. E. W. B.

ON SOME FATAL AFTER-EFFECTS OF CHLOROFORM ON CHILDREN.

BY LEONARD G. GUTHRIE, M. A., M. D.
OXON., M. B. C. P. LOND.

As a rule, children pass from chloroform narcosis into a condition of deep natural sleep, which lasts for an hour or more unless disturbed by pain or vomiting. No attempt to rouse the patient should be made unless collapse is present or the breathing becomes stertorous and the face dusky. He should be put to bed with as little disturbance as possible. The bed should be previously warmed by hot-water bottles. The room should be kept quiet, dark and cool. The patient's head should be carefully watched for accidents—such as the entry of vomit, or falling back of the tongue into the glottis—are as likely to happen now as during the operation.

Vomiting, though usual, is not inevitable. Some children, even after prolonged operations, vomit little or not at all, and as soon as awake they begin to clamor for food. Solid food should, of course, not be given until three or four hours have elapsed, but milk may be allowed in small quantities, and if at the end of this time they seem unlikely

to be sick some light, easily digestible solid food, such as sponge cake or milk pudding, may be provided. Vomiting, unless frequent, persistent and exhausting, after six or eight hours have elapsed

From 1889 to 1891—two years—this observer had seen ten deaths in children from 18 months to 9 years old, from the effects of chloroform, after operation. They had been operated on for club-foot, congenital hydrocele, rickety deformities of the limbs, excision of joints, lithotomy, ilias-abscess and hip disease.

The special characteristics of the lethal action of the drug were observed on the circulation. None of the little ones rallied well after operation; the pulse remaining weak, with a general, persistent torpor.

It cannot be said that on necropsy there was such definite, gross pathological lesions found as would account for need not be checked by drugs.

—Lancet, Jan. 27, 1894.

SPONTANEOUS FRACTURE OF BOTH PATELLAE.

BY DAVID BALDWIN JACOB, M. D.,
F. R. C. S. I.

Surgeon to the Queen's County Infirmary.

P. M., æt. 32, states that four years previous to admission he suffered dislocation at the left patella, which was reduced and treated by a bone-setter; the dislocation recurred shortly after, with like treatment, and in a few weeks following the last he, in consequence of supposed slight muscular effort, spontaneously fractured the same patella transversely. He consulted the bone-setter, who told him he could give him no aid; he states that he had not professional advice, but desired to go to hospital, from which he was dissuaded, with the result of the permanent infirmity shown in the illustration.

Three months ago a slip provoked muscular effort enough to cause transverse fracture of the right patella four days previous to his admission to the Queen's County Infirmary, when he was found to have considerable effusion into the synovial membrane, and about two and a half inches separation of the fragments and some tenderness. The illustration is taken from a photograph produced three months after the accident. Apparently there is close and complete osseous

union with excellent relative position, but an only appreciable lateral displacement of the fragments by each other. The knee-joint continues somewhat stiff, but improves under treatment, and apparently there is every prospect of a very useful limb, especially needed in consequence of the permanent injury to the other.

The treatment adopted was the application, above and below the patella, of strips of rubber adhesive plaster, the fractured surfaces having been brought into proper position by an assistant. These straps were chiefly for protection under the following arrangement, a posterior splint having been attached in the ordinary way, a pair of wooden cylinders of 3-8 inch section (large cedar pencils) were placed transversely one above, one below the patella, and were fixed backwards at the proper pressure by unyielding ties to the splint; the cylinders were then caused to approximate each other by sufficient and regulated tension of elastic rubber bands placed between them at each side. Lastly, anteriorly, the fragments were fixed in the same plane by a padded disc of firm poroplastic felt secured by a bandage.

As already stated the union appears to be osseous and complete, and there is accordingly no reason to regret that the contemplated wire suturing was abandoned. A slight superficial slough resulted from perhaps undue pressure by one of the cylinders, but proved of no importance.

The treatment was little painful and possessed the advantage of minimizing obstruction of circulation. It is even doubtful that rendering the means of support concave, to fit the outline of the patella, would carry advantage, as comfort would perhaps be purchased at the expense of blood supply.

—Medical Press.

Notes.

Thirty-two nations will be officially represented at the International Medical Congress in Rome. Up to the present the officials have been advised of upward of 2000 communications to be presented to the Congress. All the fetes which usually take place in carnival times have been postponed to the period when the Congress will be sitting.

Dr. T. H. Manly, of the staff of the "Times and Register," has gone abroad to attend the International Congress at Rome.

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PHILADELPHIA, MARCH 17, 1894.

SPONGES AND SPONGING.

Since the beginning of the antiseptic epoch, through the new propaganda of antiseptics, sponges have fallen into disfavor for wiping purposes in surgical operations.

It has been proved quite impossible to destroy all the germs within their meshes without at the same time spoiling the sponge.

It has been taught, too, that they possessed a great tenacity for infective elements; they should not be employed in more than one operation, when they should be cast aside.

They have been replaced by various textile materials, which are cheaper and always accessible.

But, notwithstanding the many theoretical and quasi-scientific grounds on which the sponge has been condemned, like with all things inherently valuable, time has indisputably demonstrated that no substance yet discovered can take the place of the sponge, and that the objections made against it are more imaginary than real.

Sponge tissue is a powerful hemostatic; it is a non-conductor of heat, and when properly treated, as Lister himself has lately demonstrated, it may be safely employed over and over again, without danger of conveying infective materials.

Indeed, when one has a good stock of clean, soft sponges conveniently at hand he commands one of the most essential parts of a well-stocked surgical armamentarium.

Two things only are essential to remember in connection with their use. First, that they are properly prepared before operation, and, secondly, that they are thoroughly cleansed and preserved afterwards.

JOINT NEUROPATHIES AND TRAUMATIC ARTHROSES.

There is one thing which may be said in connection with modern studies on the subject of special pathology which cannot be gainsaid, viz: That whether or not they have in any manner shed any light on the more intelligent or successful treatment of spinal maladies they have added an almost endless amount of confusion to their symptomatology.

"Old wine has been put into new bottles," and those who have a facility of coining new words have given us an almost endless farrago of terms, about as complex and indefinite as they are useless and meaningless.

Syringo myelia—a flute within the cord—is a fair example. Charcot, in the Salpêtrière, in the midst of his hosts of hysterics, epileptics and lunatics, first introduced it, but lately this imaginary condition has been made to do duty in traumatism, and the ground has been taken that we may have an insidious type of trophic changes in the arthritic structures of a joint which antedate injury, and thus, in many cases of a medico-legal character, in which a joint has suffered from a traumatism, the ground might be taken that the injury was little more than a coincidence, and was in itself in no way blamable for the morbid condition resulting.

The same may be said of tabes, that it is a disease which is manifestly degenerative; atrophic wasting of the structures beyond the seat of lesion in the cord is not disputed, but that it spends its energy on the cords or bones alone is erroneous. Nor is it a disease which is expressed on the periphery without incurable, definite organic changes and constitutional symptoms.

THE REMOVAL OF GUNPOWDER STAINS.

Under a similar title in the New York Medical Journal of March 3, 1894, Dr. W. M. Nelson describes a new method of Dr. Ohmann-Dumesnil's for removing the tattooing produced by explosions of gunpowder.

The process consists of tattooing the affected surface with a glycerole of papoid, and was first described by Dr. Ohmann-Dumesnil in May 1893, but was not applied to gunpowder stains. The case cited by the author was one in which the papoid was applied soon after the injury was received; and it would be interesting to know if the same process would apply to cases in which the pigmentation had been of long standing. This, the author seems confident, would yield as readily to the treatment. He states, in conclusion, that "the treatment is an empirical one, and I cannot explain or describe what takes place after the introduction of the papoid.

"Dr. Ohmann-Dumesnil's statement that the papoid is disseminated about the deposit of pigment and liberates it (this liberation, I suppose, is brought about by the digestion of the albuminous envelopes of the carbon particles), that a portion in a finely divided state is absorbed by the lymphatics, and the rest finds its way to the upper layers of the skin, thence to the surface, is a plausible but not altogether satisfactory one."

Book Notes.

DER BAU DES MENSCHEN ALS ZEUGNISS FÜR SEINE VERGANGENHEIT.

By F. Weidersheim. Freiburg: Paul Siebeck, publisher, 1893. 200 pp. 8vo. Paper cover, 5 Marks, and cloth, 6.

This standard work has quickly run into a second edition. But nevertheless the professor has remodeled and greatly enlarged it. It is copiously illustrated with over 100 cuts in the text; is provided with a chart of the "Urogenitale-organe der Vertebraten;" with those necessary accompaniments of a scientifically arranged work, such as a complete index, lists of organs, etc.; among which we notice a list of some organs which indicate reversion to very far distant vertebrata, two collocations of organs classified, the one according to their

physiological conditions, the other according to "den einzelnen Organsystemen," and with "eines Verzeichniss bezw. einer Erklärung der im Text figurirenden Theinamen dürfte auch Nichtfachleuten ein Verständniss ermöglicht sein."

We have thoroughly perused "Der Bau des Menschen," but space fails us here to enter into its merits. It suffices to say that it is of the advanced "Darwinian" school, and yet characterized by the spirit of scientific caution.

The author is a colleague, in the faculty of the University of Freiburg, of Professor Weismann, whose investigations in "Heridity" have produced a great controversy concerning inheritance of acquired characters.

The battle among evolutionists rages, and the English reading public has been greatly interested through the share of Spencer, Romaines, et al. in the debate.

We commend "Der Bau des Menschen" to our readers, and call attention to the "Blindarm" (of a large kangaroo), figured on p. 145, where the cecum is without differentiation of processus veriformis; to the "geschwanztes Kind," on p. 25; and to the section on hypertrichosis and pseudohypertrichosis.

BOOKS AND PAMPHLETS RECEIVED.
OLIVE OIL AS A REMEDY IN THE TREATMENT OF GASTRIC ULCER. By Emanuel J. Senn, M. D. Reprinted from "The Chicago Clinical Review," January, 1894.

THE OPERATIVE TREATMENT OF COMPLETE PROLAPSUS UTERI ET VAGINAE. By George M. Edebohl, A. M., M. D. Reprinted from the "American Journal Obstetrics," Vol. XXVIII, No. 1, 1893.

THE TECHNIQUE OF TOTAL EXTIRPATION OF THE FIBROMATOUS UTERUS. By George M. Edebohl, A. M., M. D. Reprinted from the "American Journal of Obstetrics."

A NEW SPIGOT ATTACHMENT TO FACILITATE ASEPSIS. By Hunter Robb, M. D., of Baltimore. Reprinted from "Annals of Surgery."

IMPORTANCE TO THE SURGEON OF A BACTERIOLOGICAL TRAINING. By Hunter Robb, M. D. From "The Johns Hopkins Hospital Bulletin," No. 36, December, 1893.

MAINTENANCE OF AN ASEPTIC TECHNIQUE IN GYNECOLOGICAL OPERATIONS OUTSIDE OF HOSPITALS. By Hunter Robb, M. D. From "The Johns Hopkins Hospital Bulletin," No. 35, November, 1893.

A CASE OF RINGWORM OF THE SCALP SIMULATING ALOPECIA AREATA. By Henry H. Whitehouse, M. D. Instructor in Diseases of the Skin, New York Post-Graduate Medical School and Hospital. Reprinted from the "Journal of Cutaneous and Genito-Urinary Diseases" for October, 1893.

Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., 665 Lexington Ave., New York.

LUPUS.

Sir: Your having so courteously extended your advice to practitioners, I shall venture on encroaching on your time and ask for information regarding the following:

Case of lupus of nose, right side, involving the ala and presenting a deep cavity; duration of disease, three years.

I have administered arsenic in almost homœopathic doses and continued steadily to date. Local application consisted of a night lotion of hyposulphate of sodium, a morning of nitric acid, gtt V to aqua 1 ounce. Object desired, generation of sulphurous acid.

Marked benefit to date. While he experienced no pain or inconvenience from the acid lotion from the outset, it is now unbearable. I am using a lotion of hydrastis canadensis, made as an infusion, fresh each day. These cases are not common in the island, and as your experience cannot be as limited as mine I shall be much obliged for advanced information, with the hope that a satisfactory termination may result.

A "special" in lupus and causes will, I am sure, be much appreciated. I have recently obtained a small supply of medicines from the Grouble Company, Philadelphia, also your book. I trust you will not regard it as impertinent if I suggest, in your next edition, the full names be given over particulars of each drug. Many, I presume, are of eclectic or homeopathic reputation, and the names not known to those of the English regular school. Perhaps, to better illustrate my meaning, I may name that of *esculin* (from *esculus hypocastanum*, vernacular—horse chestnut). Such a guide would simplify each.

Thanking you in anticipation.

LOGAN RUSSELL.

(Lupus is at present attributed to the *bacillus tuberculosis*; the disease being, in fact, a tubercular affection of the skin. There are two remedies I would particularly recommend: *Thio-sinarianum* hypodermatically, which has an effect on lupous growths similar to that of Koch's lymph, but more powerful; and formalin, applied locally as strong a

solution as the patient can bear. There are other local applications that are highly recommended, such as kressin, ethylendiamin, etc.; but I would prefer formalin. In one case in my hands it has produced a notable change for the better, but it is not yet ready for publication.

W. F. W.

Editor "Times and Register."—Dear Sir.

Your issue of February 3 contains this statement: "At Chillicothe, O., a Catholic lady has become insane through the efforts of a Baptist minister to convert her to his faith. Is this religion?"

The story is on the face of it, to say the least, a very unlikely one, and the "Times and Register" owes it to its own reputation, as well as to the denomination thus represented, to investigate the facts of the case before making such a statement; and if it proves to be true, to give the particulars. There are many persons, myself among the number, who will not be content with the bare statement already given, but who will expect some further explanation, or in default of this will make a personal investigation of the facts.

J. L. H., Mountsville, W. Va.
(The item was condensed from a circumstantial account, giving names, etc., in the "Chicago Inter Ocean." No one but a man with a "chip on his shoulder" could imagine that any slur upon the Baptists was intended. That vast and influential church has fully shown its capacity for keeping up with the advance of modern thought and yet retaining its faith. But in this, as in any other church, there may appear men who rashly undertake to proselytize without first inquiring into their own fitness for such a task.

True Christian modesty should lead one to inquire: "Who am I that I should undertake to pronounce on my neighbor's religion and ask him to desert it for my own?" The many-sidedness of human nature is shown in the multiplicity of beliefs, each of which has devout followers, who live true godly lives and would die for their faith.

Granting that someone comes nearer the central truth than all the rest, it does not follow that one is the best for every human being to live by. The case in question shows how a too zealous proselytizer, with the best intentions, so far misjudged the person on whom he was operating as to bring about insanity, instead of conviction. How is the cause of good to be advanced by turning a good Roman Catholic into a lunatic?

This is assuming the truth of the item, which we have no reason to doubt.)

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

TREATMENT OF GONORRHEA.

I. Humphrey, M. D., Fairbury, Neb., says: The cure of gonorrhea in some cases is no trifling matter, as I long ago learned, not from books, but from experience. Any preparation of mercury, sulphate of zinc, nitrate of silver, acetate of lead, or, in fact, any and all astringents too strong, given in the early stage of gonorrhea, will be very likely to result in stricture or orchitis. It is far better to do nothing than to use such remedies, especially in the early stage. Never use any medicine the first two to four days after the discharge appears. Use only warm water frequently injected with a P. P. vulcanized syringe (use no glass syringe). Use the injection immediately after urinating, so as to avoid carrying the virus further up the canal. Give at the commencement a laxative of any bland cathartic, if necessary, to keep the bowels loose. After three or four days' use of warm water, use instead:

R White Pinus Canadensis (Kennedy's),
1 ounce.
Morphia sulph., 15 grains.
Aqua font., 5 ounces.

M. Sig.: After passing urine to wash out the canal, inject a full P. P. syringe of the medicine, holding it in the penis three to four minutes. Use three times a day.

If more than one bottle is required, fill the bottle each time after the first is gone, just the same, only use two ounces of the Pinus Canadensis; order plenty of nourishment, no intoxicating drinks, avoiding all excesses, and you will have no cases of orchitis or stricture, and last, but not least, make no failures, nor will even need to blister the penis.

—Medical Age.

TREATMENT OF CHRONIC URETHRITIS.

BY DR. v. WARTRAZEWSKI.

The treatment begins with injections of nitrate of silver solution (0.01-0.02:

120.0) twice a day, until the secretion of the anterior portion of the urethra is stopped or, at least, considerably diminished. The next step is the treatment of the bladder, if such is necessary. It is cleaned every day with a soft catheter, first with warm distilled water (95 degrees F.), which is followed by an injection of 200-300 g. of the solution mentioned. The solution is passed spontaneously by the patient. He soon gets over the irritability of the bladder.

At the same time the patient takes, three times a day, 10 drops of oil of turpentine in milk after the meals. If the bladder is well, v. W. uses a soft catheter in which the one opening is replaced by a number of lateral openings about 1 cm. behind the point. The catheter is united with a syringe containing from 100-150 g. After the air is expelled the catheter is introduced and slowly emptied. The glans is compressed if the posterior parts of the urethra are to be reached more energetically.

Acute cystitis, or epididymitis is rare.

The injections are made daily for two or three weeks, which is generally sufficient. V. W. recommends 6 drops of a ten per cent solution of nitrate of silver to 300 gr. of water, and rises to 10, 15 and even 20 drops. If nitrate of silver is not tolerated he takes tannic acid (15-20 drops of a 25 per cent. solution to 300.0 water, sulphate of zinc (10 drops of a 25 per cent. solution to 300.0 water, gradually increasing the doses), carbolic acid (ten drops of a concentrated solution to 300.0 water, permanganate of potash (10-15 drops of a 25 per cent solution to 300.0 water). This method fails rarely. Slight hypersecretion of the urethra, which occurs sometimes, stops with purely general treatment.

—Memorabilien.

DANGERS OF TINNED FOODS.

Notwithstanding the repeated warnings to the public by both the medical and lay press with regard to the dangers

which attend the use of tinned foods, cases are constantly occurring in which death may be traced, either directly or indirectly, to the ingestion of articles prepared in this way. On Saturday last Dr. Danford Thomas held an inquiry at the Islington Coroner's Court into the death of a boy who purchased a box of sardines for which he had paid $2\frac{1}{2}$ pence, eating the whole of the contents. The lad died on Wednesday, January 24, from the effects of acute inflammation of the stomach and bowels. Much of the potted stuffs which are sold at a low price is prepared abroad, and after passing through the hands of the wholesale agent in this country is sold to numerous purchasers, who affix various labels upon the tins, and the same goods may be sold to the public under the names of different brands.

—London Lancet.

ACUTE ECZEMA OF THE PALM OF THE HAND, PRODUCED BY CARBOLIC DRESSINGS.

Lately several cases of more or less serious symptoms due to the prolonged use of carbolic applications have been published.

The following observations may throw some light on the cause of these symptoms.

A woman, 45 years of age, fell, striking and bruising the palm of the hand. Carbolic applications were ordered, and for a week, owing to some other indisposition, the dressing was left on without change. When removed, a large ulcer, occupying the palm, was found.

The surface was reddened, rough, and discharging a serous fluid; anesthesia was complete throughout the hand. Tepid water dressings, containing soda, were used, followed by the application of oxide of zinc powder, and the carbolic dressing was discontinued.

In a few days healing recurred, with full use of the hand.

—La France Med. E. W. B.

QUININE IN MALARIA.

Binz reviews our present knowledge of the curative action of quinine in malaria. From his experiments—about 1867—he concluded that its curative action in this disease was due, not to any es-

sential action, as previously supposed, on the nervous system or on the circulation, but to a direct action on the cause of the disease.

Quinine was far less a poison for the cells of the human body than for the cause of disease. This was probably some slow form of organism, and by removal of which, through the action of quinine, the intermittent crises—swelling of the spleen, the malarious anæmia, etc.—also disappeared.

In 1880 Laveran discovered the amœba of malaria. This was found to be affected by quinine, just as the experiments of Binz had shown that the larger infusoria of vegetable juice were by the same drug.

It is only when ague gets well without quinine that, according to Mannaberg, phagocytosis can be considered as playing any part, for phagocytosis is hindered by the taking of quinine.

The explanation why quinine fails in some forms of ague is that the parasites remain in the blood unaffected by the drug, and even in some such cases, according to Baccelli, the parasites may be affected if the drug be injected directly into a vein, a good result being sometimes possible by this method when administration of the drug by the mouth has failed.

—Centralbl. f. d. Med. Wiss., 1894, No. 2.

A RAPID PROCESS FOR THE DETECTION OF SUGAR ALBUMEN IN THE URINE.

Albumen—The filtered urine is heated to boiling, and one-tenth of its volume of nitric acid added by drops. If it remains clear, albumen is not present.

Sugar—Filter the urine; heat it with ten or twenty drops of this solution:

	grams.
R Tartate of soda and potass.....	4
	parts.
Solution caustic soda (1-10)	100
	grams.
Sub-nitrate bismuth.....	2

Digest on a water bath until the bismuth is dissolved and filter. If sugar be present a dark brown color is produced. It will detect 0.05 to 0.10 per cent. of sugar.

La Revue Medicale.

Gynecology.

FIBROID GROWTHS IN NEGROES.

Doctor E. A. Balloch says three diseases are characteristically frequent in the dark-skinned races, viz.: Elephantiasis Arabum, keloid, and uterine myomata; and that in general terms these are essentially characteristic of an increasing development of fibrous tissue due to proliferation of the cells around the capillaries, these being increased in number and size. In respect to malignant growths the same connective-tissue type predominates, and he lays it down as a pathological law that there is a peculiarity in the dark-skinned races rendering them liable to growths of a fibrous nature in a degree greatly exceeding that observed in the white race.

—Medical News.

ASPARALINE.

The preparation known as "Asparaline Compound" is a combination of a number of remedies of recognized therapeutic power. There is asparagus, which is a valuable diuretic and sedative; parsley, which is stimulating, anti-periodic, anti-scorbutic and also diuretic; gum guaiacum, which is tonic, alterative, and a great favorite of the late Dr. Dewees in dysmenorrhea; black haw bark, which is anti-spasmodic and anti-abortive; henbane, which is one of our safest and most reliable anodyne and calmative remedies; and such aromatics, which are known to possess warm, stimulating, stomachic effects and of special value in relieving pains or spasms of any kind.

From such a combination it is evident we have here a remedy of especial value in cases of dysmenorrhea, amenorrhea, luescorrhea and menorrhagia.

The clinical results show that this theoretical combination is all that could be desired in practice.

So far as we know this is the only compound on the market which can be said to be a safe and reliable remedy for the relief and cure of these most obstinate affections. Of course, when organic lesions exist it would be useless to regard such a remedy in any other light than that of giving relief to the suffering. But when such lesions do not exist we can see no reason why this compound will

not prove of the highest value in both the relief and cure of uterine affections, together with all other kindred diseases where the uterine organs are involved.

AMENORRHEA.

If the amenorrhea results from a defect of secretion; if by reason of uterine inflammation the catamenial flux is too intense, general or topical blood-letting, by leeches on the neck of uterus or on the internal face of the thighs.

If irritable metritis exists, use cataplasms, baths, hot vaginal injections, narcotics, antispasmodics:

Permanganate of potassium, 15 centigr. In pills without sugar or vegetable substance. If the flux is incomplete, provoke it by foot baths with mustard, aromatic vaginal fumigations, infusions of rue or saffron.

If the amenorrhea is the result of defective excretion and tends to uterine inactivity, cold douches to the pelvis and legs; eight days before the flow apply electricity to the uterus (one rheophore to the neck, the other beneath the umbilicus); general frictions.

If the neck is constricted, dilate the orifice (with flattening laminariae); thorough dilatation, excision.

If there is uterine deviation, treat for it.

Scarify neck of the uterus.

If the disease is not ameliorated, application of leeches to the neck of uterus.

After the use of either of these methods, wash with:

	Grams.
R Resorcine	3|
Distilled water	125|
—Manuel de Med. Pract.	

LIGATURE OF THE BROAD LIGAMENT IN THE TREATMENT OF FIBROID TUMORS OF THE UTERUS.

Dr. H. Martin has recently communicated his experience in the treatment of uterine fibromata by the use of the ligature, in cutting off their nutrient feeders.

Martin's methods is as follows: He carries his ligature up over the broad ligament, by way of the vagina; by which he includes, more or less, of the ligament. Now, drawing on the liga-

ture, the upper margin of the broad ligament is brought lower down in such a manner that at this stage a second ligature can be applied sufficiently high to include the main trunk of the uterine artery.

The process is repeated on the other side in a similar manner.

He has treated five cases of fibroids in this manner.

In the first the patient had a large bleeding tumor, which was growing rapidly. Only one ligament ligatured. After operation, hemorrhage ceased and augmentation in volume arrested, but it has not diminished in size.

Second case—Voluminous fibroid; great pain; hemorrhage abundant and constant; patient unable to leave the bed; double ligature of broad ligament. Immediate disappearance of pain and arrest of hemorrhage.

Third case—Interstitial fibroid; same treatment. Hemorrhage diminished. Volume of tumor same.

Fourth case—Large fibroid. Treatment the same. Six months after operation amelioration considerable. Menses normal and abundant.

Fifth case—In this instance an attempt was made to remove the tumor by a laparotomy; but, owing to extensive adhesion, it was found quite impossible. A month later the arteries in the broad ligament were ligated, when atrophic changes followed in the tumor, and all exhausting bleeding ceased.

—Gazette De Gynecologie, Jan. 15, '94.

A DISCUSSION ON HYSTERECTOMY FOR PROLAPSUS UTERI.

This subject has been lately discussed in the surgical societies by MM. Schwartz, Routier, LeDenter, Segoud, Richelot, Reclus and others.

M. Bentley has, on one occasion only, performed a hysterectomy for a prolapsed uterus. In this case he said that it was his intention in the beginning to only amputate the elongated neck and do a colpo-perineorrhaphy, but when this had been accomplished he discovered so little of the fundus remaining that he decided to continue and remove all. In this case recovery was rapid, nothing having been heard of her since she left the hospital.

The speaker believed that in all aggravated cases of prolapse excision of the uterus was to be preferred to other

palliative measures. He had 160 cases of a minor degree of prolapse in which, by cervical amputation and perineal operation, he had succeeded in producing a permanent cure.

Indications for ablation of the uterus were those in which there were neoplastic or pyoplastic formations in the uterus, broad ligament or ovary, which crowded down the uterus; in fact, when prolapsed was but secondary and consecutive to the uterine displacement.

He regarded the pathological changes in the anterior vaginal wall as an important etiological factor when the uterus was anteverted, and it came down through a laxity of structures.

Therefore, in many cases, a simple anterior and posterior colporrhaphy alone, by diminishing the diameter of the vaginal outlet, effected a cure. But in this class it was necessary to always vivify an extensive surface and use the Florentine silk or silver as suture, with a view of keeping the parts well and permanently adjusted until union was complete, and a solid cicatrix was formed.

The author condemned Alexander's operation for treatment of this class of cases.

M. Pozzi stated that he regarded a hysterectomy as an operation which was seldom justified until all other means and simpler measures were faithfully tried. Colpo-perineorrhaphy was the ideal measure for these cases, which, when properly performed, would always succeed, except in very rare and exceptional cases of genital prolapse.

Hysterectomy was not justified in cases where the patient suffered from serious organic disease.

M. Picque declared that in his experience hysterectomy for prolapse, in old women, was very unsatisfactory and was frequently followed by troublesome hernia. His preference was for the Alexander operation.

M. Chaput had seen two cases treated by hysterectomy which were promptly followed by hernia. As prolapse was essentially a vulvar hernia it was an irrational procedure to remove the uterus, as the object to be obtained was to solidly close the vagina.

The dangers of hysterectomy are always great and should not be invoked in any except extreme cases.

M. Depres declared that, as it appeared from the drift of the discussion there was no operation without its failures, we must conclude that there are many cases of uterine prolapse incurable by any method.

The only complication that can ever justify a hysterectomy was when the uterus could not be reduced; something which was rarely seen.

—Revue Therapeutique, February, 1894.

Ophthalmology.

Under the Charge of J. D. TENNEY, M. D., 2 Commonwealth Ave., Boston.

INTERSTITIAL KERATITIS.

This disease usually afflicts the young. It sometimes begins at the periphery of the cornea, but oftener in the centre, in the form of irregular, whitish dots. A haze soon spreads over the whole membrane, and blood vessels shoot from the sclera across the corneal margin, often from opposite sides of the cornea toward the centre. Usually the deposit is deep in the corneal substance, but sometimes it is more superficial. Often there is a reddish yellow crescent at the margin of the cornea, on one or two sides. There is more or less pain, a continual flow of tears, and great dread of light. After a time the cornea begins to clear from the periphery, the centre being the last to become transparent.

Its causes are scrofula and inherited syphilis. Some authors go so far as to assert that double interstitial keratitis is always syphilitic. It is easy to make a sweeping statement; but the scientific mind receives nothing without evidence. The writer has seen numbers of cases of double keratitis where syphilis was out of the question.

Atropine eases the dread of light in most cases, and prevents iritis. If the dread of light is intolerable, cocaine in one per cent. solution may be used three times a day. An equal amount of boric acid makes the cocaine keep better.

The disease will run its course in spite of treatment. If the eye gets quiet in three months, the patient is fortunate. Then, the eye may be irritated with the yellow oxide of mercury ointment, and calomel dusted into the eye. But the best appliance is massage, to clear up opacities. It is accomplished by holding the middle and ring fingers together, putting the middle finger above, and the ring finger below the eye, on the nasal side, and gently drawing the fingers outward toward the temple. This manipulation should be performed for ten minutes twice a day. Applications of hot water two or three times a day are also useful.

J. A. T.

OBLIQUE MIXED ASTIGMATISM.

The books tell us that in mixed astigmatism the two meridians of ametropia are at right angles to each other. If any book mentions an exception to this rule it has not been the privilege of the writer to see it.

But there are cases when the patient sees better if the cylinders are set obliquely before the eye. They may be ground so; but when a convex spherical lens must be added for presbyopia, it cannot be added to oblique cylinders, and the oculist is in difficulty.

Oblique cylinders may be made into a compound, if the practitioner has a practical knowledge of analytical geometry and trigonometry; but most oculists would probably object to giving the time and study necessary to a solution of the problem.

When a compound is worked out mathematically, in these cases, the axis of the cylinder is found to be between the oblique axes. Let this be a minus cylinder, and let a convex spherical lens be placed over it. By altering the strength of the spherical lens and cylinder, the patient being under the influence of a mydriatic, the compound may be fitted in this class of eyes; then when presbyopia sets in, the plus spherical lens may be made stronger, leaving the cylinder as it is.

J. A. T.

OCULAR HEADACHES.

This subject is being looked into more and more by physicians and patients. Intelligent physicians do not attempt to treat persistent headaches, in these times, without first having the eyes of the patient examined for refractive or muscular errors.

But when ametropia or heterophoria has caused a permanent headache, the difficulty is not always relieved when the disturbing cause is removed. There is left in the brain tissues a lasting result of the prolonged strain, in many cases.

A man came to the writer about two years ago, who kept a store. He said if he arranged the goods in his store for an hour, he would be obliged to go home with a headache. He usually had two or three hard headaches a week.

An examination revealed a trifling amount of ametropia, but he had 18 degrees of esophoria. When he was advised to have complete tenotomies upon both interni, he naturally asked how long it would be before he was relieved; and was told, that he ought to be better within a year.

The tenotomies were performed, and he was a good deal better within three months. The visual axes did not vary from parallelism one-half of a degree after he had recovered from the operations, and that result continues up to the present time; but he has the headaches still, although they are milder than formerly, and they come less often.

Another patient, a lady, was trying to study medicine, but her eyes gave her so much trouble that she thought of abandoning the pursuit. She had been to several oculists, and they had contented themselves by giving her a convex lens of half a dioptré for each eye. An examination of the muscles showed that she had 27 degrees of exophoria. Complete tenotomies were performed upon both externi, and she has been perfectly free from eye trouble ever since. Here was a complete cure; the other was only partial, with a hopeful outlook.

The patient suffering from ocular headache can usually connect the trouble with severe use of the eyes, and so make a diagnosis without help. In such a case, the patient cannot see an oculist too soon, for delay may fasten a condition upon his brain that it will take years to eradicate.

There is comfort in knowing that one has removed the cause of the difficulty, and that he will grow better instead of worse. Tonics, and whatever measures tend to build up the general health, will cause the nerve centres to feel less than they would otherwise. Often the habit of pain is relieved if the patient can be made to forget his suffering; so such mixtures as acetanilid, bicarbonate of sodium and caffeine are of great use when a headache is coming on. The writer has succeeded in breaking up the

habit of pain by giving morphine, when other remedies have failed; but it is to be avoided if possible.

J. A. T.

DIABETIC RETINITIS.

This disease is usually disposed of by authors with a few lines, probably because it is not so very common; but in all cases of diabetes of long standing it is liable to occur. A case now under treatment by the writer is interesting in several points.

The patient is a German, sixty-five years old, and has had diabetes more than twenty years. He has been to Carlsbad twice, where he says he always improved. Repeated examinations of the urine show a small amount of sugar, but there is no evidence that his tissues are breaking down in that element.

He cannot hear any ordinary sound with the right ear, and it is only when one shouts into his left ear that he can understand what is said to him. The watch, snapping of the nails, etc., cannot be heard at all.

He sees 20-LX with both eyes. But no straight lines appear straight to him. He says he thinks he would make a poor carpenter. If he looks at parallel lines they appear to be drawn together in the centre, and all of them look crooked.

The ophthalmoscope reveals an excessively granular appearance of the retina, showing a proliferation of its pigment cells. These cells undoubtedly push the rods and cones of the retina apart, and so distort the vision. The proliferation is general, as seen by the ophthalmoscope, and his field of vision shows that it is not confined to any particular area of the retina.

Here is evidence that both vision and hearing are slowly being destroyed by diabetes, but, notwithstanding these degenerations, the man is living along in tolerable comfort. He adheres fairly well to the diabetic diet. Salicylate of sodium and antipyrine may decrease the amount of sugar a little, but they do not eradicate it entirely. Apparently he will live as long as he would if he were not afflicted in this way.

J. A. T.

"Phat be that yez are dhrinkin' wid yer whisky?" "Apollinaris." "How duz it taste?" "As if me fut war aslape!"

—Harper's Bazar.

Miscellany.

COMMENCEMENT OF THE PHILADELPHIA DENTAL COLLEGE.

The above-named institution completed on the 8th instant a very successful year, graduating 278 students of dentistry.

The occasion was marked by appropriate exercises in the Chestnut Street Opera House, and by a dinner given the students and invited guests by the faculty of the college.

Previous to the collation the Garretsonian Society met, and a farewell address was given by Dr. Garretson, the substance of which dealt with a brief resume of some of the most important topics of his recent philosophical lectures.

The collation was a remarkably enjoyable affair, the menu was unexcelled and entirely devoid of formality, which enhanced the social element of the evening's entertainment.

After-dinner speeches were freely indulged in, some of the speakers being Professor J. E. Garretson, dean of the college, who acted as toast-master; followed by Professor William H. Pancoast, president of the Medico-Chirurgical College; Drs. Stellwagon, Wolfe, Gilford and Stewart, of the college; Dr. F. S. Parsons, editor of "The Times and Register;" Professor Laplace, of the Medico-Chi., and others. Mr. Gilmore sang a beautiful hymn, in which all joined the chorus.

There were numerous ladies among the graduates.

PRELIMINARY PROGRAMME OF THE SECTION ON SURGERY AND ANATOMY.

At the meeting of the American Medical Association, June, 1894. John B. Roberts, M. D., Philadelphia, Pa., chairman; Lloyd W. McRae, M. D., Atlanta, Ga., secretary.

1. Malignant Growths.—"The Pathology of Malignant Growths," E. Laplace, Philadelphia, Pa.; "A Critique of the Sporozoan Theory of Malignant Neoplasms From a Micro-Technical Standpoint," A. P. Ohlmacher, Chicago, Ill.; "Clinical Recognition of Malignancy in Tumors," C. A. Wheaton, St. Paul, Minn.; Henry W. Coe, Portland, Ore.; "The Necessity of Early Surgical Interference in Malignant Tumors," R. A. McLean, San Francisco, Cal.; "The Value of Caustics in Malignant Growths," John Parmenter, Buffalo, N.

Y.; "The Radical Cure of Malignant Tumors by Operation," J. H. Wythe, Oakland, Cal.; "The Value of Inoculations With Septic or Toxic Agents in the Treatment of Malignant Neoplasms," John A. Wyeth, New York, N. Y.

2. Tubercular Disease of Joints.—"Early Symptoms and Diagnosis of Tubercular Joint Disease," Emmet Rixford, San Francisco, Cal.; A. B. Judson, New York, N. Y.; "Conservative Treatment of Tubercular Joints," R. H. Sayre, New York, N. Y.; Harry M. Sherman, San Francisco, Cal.; James E. Thompson, Galveston, Tex.; "Operative Treatment of Tubercular Joints," Robert W. Lovett, Boston, Mass.; "Treatment of Tubercular Joints by Injections of Iodoform," N. Senn, Chicago; "Treatment of Tubercular Joints by Injections of Corrosive Sublimate," R. H. Plummer, San Francisco, Cal.

3. Hernia.—"The Causation and Prevention of Hernia," James T. Jelks, Hot Springs, Ark.; C. M. Richter, San Francisco, Cal.; "The Management of Reducible Hernia," Emory Lanphear, Kansas City, Mo.; C. M. Fenn, San Diego, Cal.; "The Treatment of Irreducible Hernia," James B. Eagleson, Seattle, Washington; "The Treatment of Strangulated Hernia," Joseph Ransohoff, Cincinnati, O.; "The Radical Cure of Hernia," W. E. S. Davis, Birmingham, Ala.; H. O. Marcy, Boston, Mass.

4. Hemorrhoids, Fistule and Fissure.—"The Pathology and Symptomatology of Hemorrhoids, Anal Fistule and Anal Fissure," J. M. Matthews, Louisville, Ky.; David Powell, Marysville, Cal.; "Treatment of Hemorrhoids," H. M. Bishop, Los Angeles, Cal.; Charles B. Kelsey, New York; "Treatment of Anal Fistule," J. McE. Gaston, Atlanta, Ga.; G. B. Somers, San Francisco, Cal.; "Treatment of Anal Fissure," Thomas W. Huntington, Sacramento, Cal.; Lewis H. Adler, Jr., Philadelphia, Pa.

5. Fractures.—"Treatment of Fractures of the Lower End of Humerus," Oscar H. Allis, Philadelphia, Pa.; "Treatment of Fractures of the Lower End of the Radius," P. T. Conner, Cincinnati, O.; C. L. Bower, Philadelphia, Pa.; "Treatment of Fractures of the Neck of the Femur," Bedford Brown, Alexandria, Va.; "Treatment of Gunshot Fractures, George A. Goodfellow, Tucson, Ari.; "Treatment of Fractures of the Shaft of the Femur," Llewellyn Eliot, Washington, D. C.; "Treatment of Open or Compound Fractures," H. H. Mudd, St. Louis, Mo.; John B. Hamilton, Chicago, Ill.

6. Obstruction to Urination in the Male.—"Effects of Obstruction in Urination Upon the Bladder and Kidneys," J. William White, Philadelphia, Pa.; "Diagnosis and Treatment of Enlargement of the Prostate Gland," Hunter

McGuire, Richmond, Va., and William T. Belfield, Chicago, Ill.; "Symptoms and Treatment of Stone in the Bladder," William T. Briggs, Nashville, Tenn.; "Symptoms and Treatment of Tumors of the Bladder," John B. Deaver, Philadelphia, Pa., and C. F. Buckley, San Francisco, Cal.; "Treatment of Stricture of the Urethra," J. Rosenstirn, San Francisco, Cal.

Members who have specimens or patients to exhibit bearing on these topics or who wish to make remarks in the discussion of them are cordially invited to be present during the meetings of the section. The titles of other papers to be presented to the section will be published when the programme of the meeting of the association is issued by the Committee of Arrangements.

JOHN B. ROBERTS,

Chairman Section on Surgery and Anatomy, 1627 Walnut street, Philadelphia, Pa.

AMERICAN MEDICAL ASSOCIATION.

The Committee of Arrangements has secured Odd Fellows' Hall building, corner of Market and Seventh streets, for the meeting June 5, 1894.

Assembly Hall, for the general meeting, has a capacity of 1500; the 12 smaller halls, for section work, range in capacity from 500 downward, with committee rooms adjacent.

The engagement carries three of these rooms on Monday for accommodation of organizations, as that of the editors, colleges, etc.

The banquet room, on the ground floor, 65x95 feet, will be devoted to exhibition purposes, for which it is admirably adapted, and has been secured for the entire week that exhibitors may have Monday in which to place their goods, and Saturday in which to remove them. Nearly half of the space is already taken, and others who desire to make a display of their goods under the most auspicious circumstances ever presented on the Pacific coast should lose no time in applying to the chairman for space.

Headquarters for the association have been located at the Palace Hotel, corner of Market and Montgomery streets, only four blocks from the place of meeting. Here we have "Marble Hall," 30x40 feet, as a registration room, where work will begin on Monday, and Parlor A, for committee work.

The following hotels, centrally situated and convenient to the place of meeting, have quoted special rates for members and their families, which will apply during the entire stay of the guests, who should, upon registering, signify that they are in attendance upon the meeting of the association.

The rates quoted are for single persons, the variation depending upon the size, situation and appurtenances of the rooms, as single, en suite, with private bath, etc. Special arrangements will be made for families or parties on timely notice.

Some of the hotels entertain upon the American plan only; some upon the European plan only and some upon either plan, to suit guests.

Palace Hotel (headquarters). American plan (rooms and board), \$3.50 to \$5.50 per day; European plan, (rooms only), \$1.50 to \$3.50 per day.

Baldwin Hotel, American plan, \$3.50 to \$5.00 per day; European plan, \$1.00 to \$3.00.

California Hotel, American plan, \$3.50 and up per day; European plan, \$1.50 and up per day.

Lick House, American plan, \$2.50 and up per day; European plan, \$1.00 and up per day.

Occidental Hotel, American plan (only) \$2.50 and up per day.

Hotel Pleasanton, American plan (only), \$2.50 to \$5.00 per day.

Russ House, American plan, \$2.00 to \$3.50 per day; European plan, 50c. to \$2.00 per day.

Grand Hotel, connected with the Palace by a glass enclosed bridge, across New Montgomery street, European plan (only), \$1 to \$2 per day.

In addition, there are many other hotels, boarding houses, lodging houses and restaurants contiguous to the place of meeting, where one can be made happy and comfortable at less cost.

Post Office Section K is located in the Palace Hotel on the office floor, adjacent to the registration room, where members can receive all mail matters by having it so addressed. More anon,

R. H. PLUMMER, Chairman.

The fourth annual meeting of the Association of Military Surgeons of the United States will be held in Washington, D. C., May 1, 2 and 3, 1894.

This national organization is composed of medical officers of the United States Army, United States Navy, National Guard of the United States and the Hospital Marine Service—in whose service are many of the most celebrated and distinguished surgeons of our country. A brilliant and able literary programme will be presented. The afternoon of one day will be set apart for an object lesson from the "Manual of Drill," by the Hospital Corps. The evenings will be given up to social entertainments.

AN OINTMENT 3000 YEARS OLD.

Among the Egyptian curiosities contained in the famous museum of the Duke of Northumberland, at Alnwick, is a jar of ointment which is upward of 3000 years old. Notwithstanding this extreme antiquity the ointment retains a powerful smell. This result, obtained as it was in pre-antiseptic days, says a good deal for the thoroughness of the empirical methods in vogue amongst the early Egyptians. How much of the modern therapeutic output in ointments would stand such a test as the above?

Medical Press and Circular.

The Times and Register.

VOL. XXVII. No. 12.

PHILADELPHIA, MARCH 24, 1894.

WHOLE No. 811.

Original.

SOME ANATOMICAL AND SURGICAL RELATIONS OF THE PARTS INVOLVED IN THE OPERATION OF INTRA-CRANIAL NEURECTOMY OF THE FIFTH PAIR OF NERVES AND REMOVAL OF THE GASSERIAN GANGLION.*

BY WILLIAM J. TAYLOR, M. D.

Professor of orthopaedic surgery in the Philadelphia polyclinic; attending surgeon to St. Agnes' Hospital; assistant surgeon to the orthopaedic hospital and infirmary for nervous diseases.

Intra-cranial neurectomy of the fifth nerve and the removal or destruction of the Gasserian ganglion must now be given its place as one of the most beneficial as well as one of the most brilliant and difficult operations in surgery.

Rose and Hartley have given us very definite directions as to the mode of opening the skull and general surgical technique, but I have failed to find an exact statement by anyone of the relative positions of the foramina, the ganglion, and arteries. It is with the hope of adding to our knowledge of these anatomical and surgical relations that, at the suggestion of Dr. W. W. Keen, I have lately made a careful study of the interior of twenty skulls taken in the most part from the collection in the Mutter Museum of the College of Physicians. My aim has been to establish by accurate measurements the distance between the foramina of exit of the second and third branches and to establish definitely their relationship with the foramen spinosum, the carotid canal, and the depression or fossa for the ganglion. As is well known this ganglion, a red-

dish-gray band of ganglionic matter slightly curved in its long axis so as to present a convexity forward and outward, rests upon a depression in the petrous portion of the temporal bone. From the convex antero-external border three large bundles of nerve fibres arise.

The first or ophthalmic division is the smallest and is purely sensory in function. It arises from the upper portion of the ganglion, enters the cavernous sinus, and passes forward in contact with the outer wall of the cavernous sinus, through the sphenoidal fissure into the orbit.

The second or superior maxillary division, also a sensory nerve, passes out through the foramen rotundum and enters the orbit through the sphenomaxillary fissure.

The third or inferior maxillary, the largest of the three divisions, consists of two portions: the larger or sensory root arising from the inferior angle of the ganglion, and the smaller or motor root passes beneath the ganglion. This latter accompanies the sensory root and joins it after it emerges from the foramen ovale.

A small branch, the recurrent, passes into the cranium through the foramen spinosum along with the middle meningeal artery. This divides into two small branches—to be distributed to the dura mater and to the lining membrane of the mastoid cells.

As will be seen by this short account of the three divisions of the fifth nerve, it is impossible to make a definite section of the first division without doing great damage to the cavernous sinus, the third, fourth and sixth nerves, and the carotid artery.

*Read before the Philadelphia County Medical Society, February 14, 1894.

We must be contented to cut the attachments and remove or destroy the ganglion, and with it the second and third divisions as they pass through the foramen rotundum and foramen ovale.

The middle meningeal artery as it enters the cranium through the foramen spinosum must frequently be wounded or torn through in our endeavors to reach the ganglion. For this reason it is often wiser to ligate and deliberately cut it than to run the risk of tearing it as it passes through the foramen; when by any chance this occurs our only means of controlling the hemorrhage is by packing the foramen or the ligation of the external carotid artery below the origin of the internal maxillary artery.

In this examination for convenience, and because it is a measure with which we are all familiar, I have taken the inch and its sub-divisions of sixteenths as the most readily understood and easiest obtained unit of comparison.

First. I have measured the distance, centre to centre, from the foramen spinosum to the foramen ovale; from the foramen ovale to the foramen rotundum, and from the foramen spinosum to the foramen rotundum.

Second. I have measured, centre to centre, the distance by which the foramen ovale is in front of the foramen spinosum, taking the sides of an imag-

inary parallelogram, the foramen spinosum being the external and posterior, and the foramen rotundum the anterior and internal points.

Also, the distance by which the foramen ovale is internal to the foramen spinosum, the distance by which the foramen rotundum is anterior to the foramen spinosum, and the distance by which the foramen rotundum is internal to the foramen spinosum.

Third. The diameters of the three foramina—spinosum, ovale, and rotundum.

Fourth. The distance between the centre of the foramen rotundum and the depression or fossa for the ganglion, and from the centre of the foramen ovale to this fossa for the ganglion.

Fifth. The width of the bridge of bone between the foramen ovale and the carotid canal.

In going over these skulls carefully I have found such a great inequality in the measurements between the two sides that I have made a definite note of these variations, and give in my table the greatest, the least, and the mean measurements. Possibly a better understanding of the system of measurements may be gained by a glance at Fig. 1, which shows the relative positions of foramina, etc.

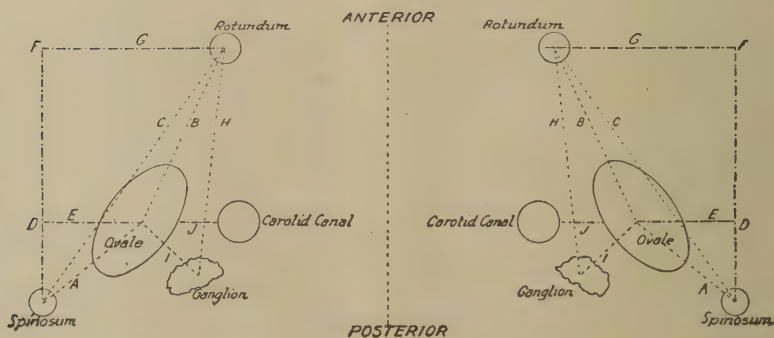


Fig. 1.

A, Spinosum to ovale. B, Oval to rotundum. C, Spinosum to rotundum. D, Ovale anterior to spinosum. E, Ovale internal to spinosum. F, Rotundum anterior to spinosum. G, Rotundum internal to spinosum. H, Rotundum to ganglion. I, Ovale to ganglion. J, Bridge of bone between foramen ovale and carotid canal.

I have also had made a series of twelve photographs, and of these have selected four of the most typical. In these the inequality is seen most distinctly.

The centre of the foramen ovale to the centre of the foramen rotundum varies from 6 to 13, with an average of between 9 9-20 and 10 7-20 sixteenths of an inch.

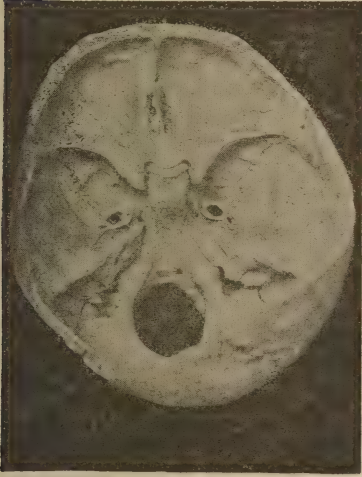


Fig. 2.

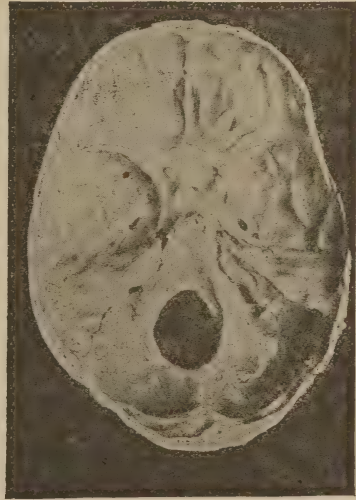


Fig. 4.

The distance between the centre of the foramen spinosum and the centre of the foramen ovale from 2 to 9, with a mean distance of about 4 15-20 sixteenths of an inch.

The centre of the foramen spinosum to the centre of the foramen rotundum varies from 8 to 17, with an average of between 13 2-20 and 14 12-20 sixteenths of an inch.

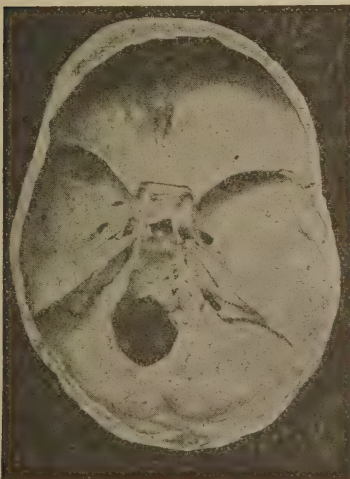


Fig. 3.

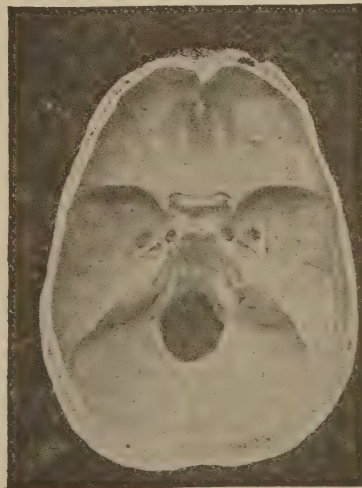


Fig. 5.

The centre of the foramen ovale is anterior to the centre of the foramen spinosum from 2 to 6, with an average of from 3 4-20 to 3 7-20 sixteenths of an inch.

The centre of the foramen ovale is internal to the centre of the foramen spinosum from 2 to 6, with an average of from 3 9-20 to 3 11-20 sixteenths of an inch.

The centre of the foramen rotundum is anterior to the centre of the foramen spinosum from 9 to 14, with an average of from 11 10-20 to 12 sixteenths of an inch.

The centre of the foramen rotundum is internal to the centre of the foramen spinosum from 4 to 11, with an average of from 7 13-20 to 8 11-20 sixteenths of an inch.

The distance from the centre of the foramen rotundum to the centre of the fossa for the Gasserian ganglion varies from 8 to 16, with an average distance of between 13 and 13 6-20 of an inch.

The centre of the foramen ovale is distant from the centre of the fossa or groove for the ganglion from 2 to 9, with an average distance of 5 12-20 sixteenths of an inch.

The width of the bridge of bone between the foramen ovale and the carotid canal varies from 1 to 9, with an average width of from 4 13-20 to 5 1-20 sixteenths of an inch.

The diameters of the foramina have been determined to be as follows:

The spinosum varies from less than 1 to 3, with an average of from 1 9-20 to 1 12-20 sixteenths of an inch.

The ovale varies from 3 to 6, with an average of 4 16-20 of an inch.

The rotundum varies from 1 to 3, with an average of between 2 1-20 and 2 2-20 sixteenths of an inch in diameter.

It will be seen by these measurements, and by a glance at the accompanying photographs and table, that the relationship between these different points is by no means constant, and in operating we must realize the fact. In the majority of instances the foramen spinosum, with the middle meningeal artery, is far enough away from the foramen ovale and the third branch of the nerve to enable us successfully to cut the latter without wounding the blood vessel. This is particularly marked in Fig. 4, on the left side, where the

distance is 9-16 of an inch. On the other hand, the spinosum may be so nearly in a line with the ovale that to reach it without wounding the middle meningeal artery would be impossible. In some of the reported cases of the operation where mention is made of alarming hemorrhage I am convinced this state of affairs existed.

For this reason, whenever the exposure of the third branch of the nerve is at all difficult, the surgeon should at once search for, ligature the artery, and cut it across, before attempting to find the nerve. This ligation of this artery is not very difficult, and will at once give much greater freedom of action.

The size and shape of the foramina vary in different skulls; especially is this so with the ovale, which is at times perfectly round.

The rotundum is most constant in its shape, and its variations are of little importance to the surgeon.

The spinosum varies much, and in one instance (Fig. 3), as is well shown in the photograph, there are two distinct foramina on the left side.

The character and sex of the skull seem to have little bearing upon the relative position of the foramina, with the exception that a broad, flat skull usually shows a greater distance between them, and it has been impossible to fix upon any rule by which these variations may be anticipated.

THE TREATMENT AND CURE OF CHANCRE WITH PEROXIDE OF HYDROGEN.

BY WILLARD PARKER WORSTER, M.
D., NEW YORK.

The subject of the best treatment of the primary sore of syphilis has occupied the minds of investigators of late years to such an extent that almost every surgeon has a different method, and the general practitioner is somewhat at a loss to know which is the best treatment to employ as the most expeditious means of relieving the anxiety of the patient and curing the lesion. The special purpose of this paper is to draw attention to a particular method of treatment, which not only relieves the anxiety of the patient and places him in a delightful buoyancy of mind, but cures the chancre in the shortest possible time, without pain or detention from

business, and with less scar and less destruction of tissue than any other method.

The chancres of the following cases, selected from a good many recorded, were of the large Hunterian variety, embracing the worst forms of sloughing and phagedena.

Case I.—Mr. K., aged 38 years, came to me, January 29th, 1891, with a large sloughing single chancre, situated on the right side and at the base of the glans penis, at the junction of the prepuce and very deep; incubation about thirty days; penis large and soft. Sprayed it with full strength solution (15 volumes) of peroxide of hydrogen medicinal (Marchand's), at 60 pounds pressure, and dressed with iodol powder, and continued the same treatment every morning at 7 o'clock.

February 20, sprayed it as above; sore now only skin deep, and continued till February 23; sore healed; duration of treatment twenty-five days.

Case II.—Mr. W. B. came to me, September 6, 1892, with a single sloughing chancre on left glans penis, and corresponding ulceration on prepuce; incubation about thirty days; sprayed with peroxide of hydrogen, full strength, 60 pounds pressure, and dressed with iodol; continued same treatment every evening at 7.30 o'clock, for sixteen days. September 23, sore almost healed. September 25, sprayed for the last time to-day; duration of treatment, nineteen days.

Case III.—Mr. L., aged 28 years, came to me, August 23, 1893, with a phagedenic chancre, thirty-five days' incubation, situated immediately at meatus urinarius, and sloughing its way very rapidly into the urethra; sprayed it with peroxide of hydrogen, full strength, 60 pounds pressure, and dressed with iodol powder. Continued the same treatment every evening at 7.30 o'clock.

August 30, sore almost healed up, only some granulations left. Continued the same treatment every evening till September 4. Sprayed it to-day for the last time; there only being the surface of the sore about the size of pin's head. Considered himself cured and said he would not come again. Duration of treatment, eleven days.

The above cases, selected from many recorded cases, on account of their possessing the worst features of the initial lesion, serve as good examples of the treatment by the peroxide of hydrogen method.

I treated Mr. K., of case I, on two different occasions, for the same disease, in exactly the same manner, and the two cases are about identical in regard to length of time of treatment and as to details, and he got well in about the same manner. The case of Mr. L. presented the worst features of phagedena, which was so virulent that I think he would have lost the greater part of the glans penis if he had been treated by the nitric acid or caustic method, and, as it was, the ulcer healed with a very small scar, scarcely noticeable.

The pressure of the spray (60 pounds), which is one of the most important factors in the whole method, not only cleanses and produces thorough asepsis of it, killing the germs of the disease at the very bottom of the ulcer, but the oxygen of the peroxide aerates the blood through the capillaries, and arrests the progress of the disease at the nearest possible point, allowing the process of repair to commence as soon as possible, according to the severity of the disease, with the least loss and destruction of tissue and consequent scar.

It must be particularly understood that in using this treatment, all instruments, spray-tubes and bottles, must be made of either glass or hard rubber, for the reason that metals, with one or two exceptions, coming in contact with the peroxide, will destroy its component parts and render it useless, and I have found also a great difference in the results if the peroxide is fresh or otherwise.

The first effect of a spray of peroxide upon the ulcer is to deposit upon it a thick film of albumen; this should be allowed to remain for about half a minute or less; then continue the spraying till a large tubeful has been used (one ounce); as the sore progresses the spraying causes a good flow of rich arterial blood upon it, which merely shows returning healthy conditions.

The treatment is entirely painless, and the patients do not experience any annoyance or inconvenience whatever while carrying the disease, and freely express themselves as well pleased with its effect. No internal medication during this stage is given. The iodol powder is used only as an antiseptic, to protect the sore from external influences until it is sprayed again the next day, keeping the sore in as good a condition as it is left by the spraying, which must be done once every day until the ulcer is healed.

This method of the treatment of chancre has been in my hands the best and most successful of all methods that I have heretofore adopted.

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PHILADELPHIA, MARCH 24, 1894.

ACUTE RHINITIS, OR ACUTE NASAL CATARRH.

At this season of the year when many are subjected to the sudden changes of temperature and there is a certain amount of acute nasal irritation to the mucous membrane in the cool winds of spring, rhinitis appears in those who are predisposed to such inflammatory conditions.

"How shall I ward off a cold?" is asked of every physician more or less frequently during the springtime, and invariably we are often in a dilemma for the correct answer.

The causes of sudden "colds" do not always lie in the condition of health an individual may be in. In fact, many outside conditions are to be taken into account when summing up the etiology of acute rhinitis; for instance, a crowded steam or street car will sometimes be a factor in causing nasal catarrh in one person, as a sudden change in temperature, or exposing the body to damp and wet, will be the causative factor to another.

Again, the attack of rhinitis, once inaugurated, may easily be augmented and prolonged by too irritating applications to the mucous membrane of the nasal cavity.

The different modes of treatment of this affection are legion. While one applies local medications another tries systemic. One will insufflate and another purge or sweat; neither, perhaps, doing any evident good in shortening the attack or mitigating its severity.

The main point in the treatment of this affection is to keep the mucus membrane clean and free from pus and detritus with as mild an application as possible. This can be done with a little peroxide of hydrogen diluted with 50 per cent. water and afterwards applying a snuff of borate of soda and carbonate of bismuth with a small amount of hydrochlorate of cocaine incorporated.

Other excellent washes for the nasal mucous membrane are borate of soda in camphor water, ten grains to the ounce, or a tablet of the Dr. Seiler formula.

Water alone is a trifle irritating to some nasal mucous membranes, and must contain a slightly alkaline substance in solution.

Often, in spite of treatment, the diseased condition runs its course of a week or ten days without material shortening of the period.

ANTIDIPHOTHERIN.

Dr. V. G. Grigorieff, of Moscow (British Medical Journal, No. 1731), has used Klebs' specific for diphtheria in four cases of diphtheria in children, and comes to the conclusion that the remedy is worthless.

In spite of the paintings, repeated thrice daily, false membranes continued to spread steadily, fever remained high or even increased, etc.

Two children—one of whom, aged 8, had been admitted on the third day of the disease, and the other, aged 15 months, on the second—died in 48 and 24 hours respectively.

In the third patient, aged 4 years and 7 months, admitted on the fourth day of illness, who had been getting worse during a four days' treatment by "antidiphtherin," local applications of a 1 per mille solution of corrosive sublimate were substituted, with the result that the faucial deposits began to disappear, and the child ultimately made good recovery.

Exactly the same course of events was observed in a boy aged 4 years

and 7 months, in whom the "antidiphtherin" treatment was commenced on the second day of symptoms, but given up in about 24 hours, on account of a considerable aggravation of fever and local condition.

The bichloride paintings cleared the child's throat in about four days. A set of elaborate experiments, undertaken by the author in order to test the bactericidal effects of Klebs' preparation, proved that (1) the latter does not in the least inhibit the development of diphtheria bacilli even after 24 hours' continuous contact; (2) a 1 per mille solution of bichloride of mercury destroys the microbes even after a two minutes' contact, and (3) bichloride of mercury has an additional advantage over "antidiphtherin," inasmuch as it kills any species of bacteria which happen to be present in a diphtheria patient's throat.

THE MEDICAL PROFESSION AND THE SOCIAL EVIL.

An editorial in a recent number of the New York "Medical Journal" deals with the necessity of prostitution very admirably.

That prostitution is not a necessity is not only evident from a clinical standpoint, but from a moral sense as well. The question is how can it be obliterated entirely?

The wretched diseases caused by prostitution, the impairment of organs destined to perform the highest function of animal life (reproduction) by its existence, and the cruel infection of the innocent all point to the absolute dangerous consequences of this social evil.

The well-founded idea in the popular mind, especially in the minds of young men, that coitus is necessary for health, every good physician knows to be false. This is a point to be emphatically pronounced upon, and is the one to which our profession should never lend assent.

We, as physicians, can collectively declare that sexual indulgence is not only not necessary for health but absolutely harmful when carried into the realm of prostitution. We should so emphatically declare this that there would be no room for doubt in the minds of the young that danger lies on every side, not only to themselves but also to possible posterity.

APPENDICITIS.

In a "Treatise on Medico-Chirurgical Therapeutics of Childhood," Dr. P. Le Gendre thus describes the symptoms and treatment of appendicitis previous to operation: "Appendicitis usually announces itself by severe pain in the right iliac fossa, sudden elevation of temperature, tympanitis, vomiting and mostly constipation, but sometimes diarrhea, and examination of the fossa will reveal a tense, firm, painful condition.

"These symptoms do not warrant immediate operation, but medical treatment should be commenced by the administration of opium in small hourly doses, and rigorous diet and absolute repose enjoined. A tablespoonful of distilled water every fifteen minutes during the first day and a teaspoonful of skimmed milk every hour.

"On the second day, the milk may be progressively increased. Later on, milk may be freely given, with soups and boiled eggs, but no bread. Enemas of water with 10 to 20 grammes of borax may be used, but purgatives must be left severely alone. Under such treatment, cases of appendicitis will quite frequently get well without the necessity of operation within a few weeks, though some tenderness and sensitiveness under pressure may remain in the fossa.

"In any case, careful hygiene will have to govern the feeding, and all indigestible food must be withheld, eggs and milk being the mainstay for quite a while.

"There is always a possibility of relapse, and when this occurs operation becomes advisable, as the patient is likely to succumb early in a second attack."

Book Notes.

TABLES AND NOTES ON HUMAN OSTEOLOGY. By Sebastian J. Wimmer, A. M., M. D. with a reference by William F. Waugh, A. M., M. D. Published by the Medical Publishing Company. Price, \$1.50.

This is the best work of its kind we have ever seen. It contains a clear, concise and comprehensive arrangement of all the bones in the body with their anatomical relations, their situation, form, structure, development and surfaces.

It is tabulated so clearly that the student can find at a glance any bone he wishes, with all its anatomical structures or any irregularities.

The work contains two hundred and forty pages, printed on substantial paper and can easily be slipped in the pocket. It will easily be adapted as a concise substitute to larger text books, the latter of which can be read at leisure.

This work follows Gray very closely. It is an excellent thing to freshen one's memory of anatomy for the quiz room, college, or State board examinations. It is well worth the small price asked.

THE DISPENSATORY OF THE UNITED STATES OF AMERICA. By Dr. George

B. Wood and Dr. Franklin Bache. Seventeenth Edition. Revised, largely rewritten and introducing illustrations by H. C. Wood, M. D. LL. D.; Joseph P. Remington, Ph. M. F. C. S. and Samuel P. Sadler, Ph. D. F. C. S. Published by the J. B. Lippincott Co., Philadelphia, Pa., 1894.

This edition contains nearly two thousand pages, following, of course, the alterations in the late revision of the United States Pharmacopeia very closely.

It introduces the metric system exclusively, which marks an era in the practice of pharmacy. This change involves the uprooting of a system of weights and measures which has been in common use for centuries.

One of the most important changes is the following of the Pharmacopeia in the adoption of the new chemical nomenclature which requires that the basylous or metallic component of the compound shall be placed first.

In Section 2 of Part 2 is found one thousand separate articles, an increase of 25 per cent. beyond the cor- is an admirable addition.

A new index termed "Index of Diseases" immediately precedes the main text at the beginning of the book in order to prevent possible confusion with the general index.

The book is similarly published to previous editions. A new feature in a thumb index on the margin of the book is an admirable addition.

SYPHILIS IN THE INNOCENT. By L. Duncan Buckley. Published by Bailey & Fairchild, N. Y. Price, \$3.50; Cloth, 8vo.

This book is a contribution to the study of syphilis, the result of 10 years' work, and is the essay to which the College of Physicians of Philadelphia in 1891 awarded the Alvarenga prize for best memoir on any medical subject.

It holds that syphilis is not essentially a venereal disease, but that its non-venereal character has not been fully considered, and the attempt is made to consider only its innocent occurrence, and the modes of infection whereby it is innocently acquired by means wholly unconnected with the venereal act.

Clinical records are given of 116 cases of extra-genital chancres.

Another table, as complete as possible, gives the epidemics of syphilis which have occurred from the year 1577 to the present time, containing data relating to over 100 epidemics great and small.

This work is invaluable for reference to the subject of syphilis, and takes a new turn toward the causation, which, in many instances, is apart from the venereal act.

THE IMPORTANCE OF EMPLOYING ANESTHESIA IN THE DIAGNOSIS OF INTRA-PELVIC GYNECOLOGICAL CONDITIONS. DEMONSTRATED BY AN ANALYSIS OF TWO HUNDRED AND FORTY CASES. By Hunter Robb, M. D. From the Johns Hopkins Hospital Report, Baltimore, Md.; illustrated.

This pamphlet sets forth the utility of anesthesia in gynecological examination, and contains tabulated reviews of cases so treated, with the results.

THE EASTER NUMBER OF "THE LITERARY DIGEST."

The whole world has been traversed to find material for the Easter number of "The Literary Digest." Almost every civilized language will be represented. It will be superbly illustrated, full of information; treating all questions of present interest, and all sides of those questions; presenting the leading articles in the foremost magazines and journals of the world. This number of "The Literary Digest" will probably excel any other attempt to give the literature of the world in one issue. The Easter number will be ready on Thursday, March 22.

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

EXPERIMENTS ON THE HISTOLOGICAL MECHANISM OF GLANDULAR SECRETIONS.

—RAUVIER.

The glands have long been considered as simple filters of the blood. The evolution of cells of the sebaceous glands and of the breasts led histologists to the knowledge that the cells themselves elaborate the products which form the material of the secretion. This is easy to demonstrate, especially in the sebaceous glands, since in these the intercellular formation of fat, and its liberation by the destruction of the cells containing it, may be observed.

It has been thought that a similar mechanism obtains with regard to the mucous glands. This, however, is not the case. The cells which form the mucus are not destroyed in the process. *Rauvier* has designated this variety of gland by the name of "mesocrinous gland" reserving the name of "nolocrinous gland" to those in which the product consists of the entire cellule.

He has found that in mucous glands the cellules contain, besides their mucus forming (mucigenous) quality, and protoplasm, vacuoles which are in physiological motion and whose activity may be much increased by electric excitation.

It was required to show whether this vacuolar motion existed in the granular glands, as in the mucous glands. The researches were made on the submaxillary gland of the rat.

A weak induction current, gradually increased, was allowed to traverse the gland, so as to provoke an abundant salivary secretion. The glands were fixed by osmic acid and sections prepared.

The sections of the now excited gland showed the culs-de-sac filled with granular cellules, each furnished with a central nucleus. In a few cells small vacuoles were seen. In the sections of the excited gland, on the contrary, nearly all the cellules, showed large, numerous and often confluent vacuoles. The granular glands, instead of secreting water and mucus, secreted water and diastase. The vacuoles contained water. In the mucous cells this water in escaping from the cell entangled mucin and formed the mucus.

—Le Progres Medical. E. W. B.

PSEUDO DYSPEPSIAS AND ARTIFICIAL DYSPEPSIAS BY DR. PLICQUO.

These two groups of dyspepsias are perhaps from a nosological point of view liable to criticism. From a practical standpoint they have this advantage—they recall that in a large number, perhaps the largest number of cases, the cause of disorder is situated in some organ other than the stomach.

The fact is well known that affections of many of the other organs will produce dyspepsia, as also irregular or faulty diet, non-hygienic surroundings, the multiple sources of poisoning, etc.

But, as the patient refers all his malaise to the stomach, it is very easy to reach an erroneous diagnosis.

1. Pseudo dyspepsias. These may depend (1) on disorder of the several digestive organs outside of the stomach and particularly lesions of the buccal cavity and the intestines, liver.

(2) Lesions of the genito-urinary apparatus.

(3) Lesions of the nervous system.

Lesions of the buccal cavity constitute a very important cause of dyspepsia; they act by hindering mastication, from neuralgia, decayed teeth and still more frequently by becoming a source of incessant infection and poisoning.

The swallowing of pus, and the putrid products of abscess of the maxillary sinus, stomatitis, carious teeth, etc., exercise a most harmful effect on the stomach; a particular cause, important from its frequency, easily misunderstood from its apparent insignificance, is alveolar pyorrhea.

Treatment in this condition directed to the gums shows often remarkable influence over the dyspeptic state.

Buccal antisepsis, and the treatment of the various diseases of mouth, tongue, gums or teeth is therefore indicated.

On the part of the intestine all affections may cause reflex digestive disorders. Those most common are constipation, helminthiasis and hernias. In many dyspeptics the progress of constipation and gastric suffering are on parallel lines. They are only ameliorated by

overcoming the constipation. Helminthiasis produces peculiarly intense, painful and capricious phenomena, which continue until the worms are expelled.

Hernias often very small, cural inguinal, or almost imperceptible epiploceles of the linea alba may provoke great suffering, which the wearing of a truss does not always obviate.

The liver is frequently interested in the production of dyspepsia without considering hepatic congestion. It is necessary to point out two affections—hydatid cysts and lithiasis, which are frequently supposed to be simply gastric symptoms.

The seat of pain, sensibility of the gall-bladder—the jaundice tint in dyspepsia should always awaken suspicion.

2. Genito-urinary organs—In men these organs rarely play a part in dyspepsia; excessive venery or masturbation may, however, be an exciting cause. In women, however, these organs have a great influence—as is well seen in the disturbances due to pregnancy. On the part of the urinary organs it is superfluous to mention the diæstive disorders due to Bright's disease.

Gastric uremia is one of the most frequent forms of uremia.

Infection from the urinary organs, from weakness of the bladder, or stricture, or cystitis often produce intense gastric phenomena, which perhaps washing out the bladder a few times causes to disappear like magic.

3. Nervous system. All dyspepsias have in reality for their prime cause nervous disorder. The association of dyspepsias and neurosis as hysteria and neurasthenia, is very common. There are indeed very few dyspeptics who are not neurasthenics, or hypochondriacs.

It is useless to insist on this connection, but as "Vigoureux" points out, from the standpoint of results to be expected from treatment and particularly by the use of electricity in neurasthenia, the co-existence of dyspepsia, especially the flatulent variety, constitutes a very favorable element in prognosis—meningitis, cerebral troubles, ataxia, all show dyspeptic systems.

In all cases of dyspepsia the cause must be sought for, such as errors in diet, cooking, irregularity in the time of taking meals, overeating or drinking, etc.

Principal causes for poisoning.—Bad food, adulteration, stale meats or fish or vegetables, wine, beer, etc.

In the second place must be noticed poisoning by drugs, the drug habit; this may also occur from the necessary use of medicinal preparations as digitalis, creasote, quinine, morphine, are all badly tolerated by the stomach.

Professional (trade) poisoning, as by lead or mercury accidental or criminal poisoning also may bring on, if continued (as arsenic), all symptoms of dyspepsia.

Le Progrès Médicale. E. W. B.

THE ACTION OF TRIONAL.

Berliner Klin Woch. Le Progrès Médicale.

Trional, or diethylsulphomethylethylmethane, has been used for insomnia—good results have been had in a melancholic subject, in mania and in several cases of senile dementia; also in cerebral syphilis, on account of intense headache, where other hypnotics have been without effect.

It has no action on the heart (an advantage over chloral). It has been useful in heart symptoms in epileptics. It has not been useful in paralysis agitans. Beyond its hypnotic powers it has had no effect on the circulation, digestive or respiratory functions. No albuminuria or blood is found in the urine.

Posology. For a first dose. Trional should be given in two-gram doses for continued use. One gram per day is sufficient.

Mode of employment: After taking a dose of trional, it should be followed by hot drinks to favor absorption.

There is no danger of poisoning, as is shown by an attempt at suicide by taking 8 grams, where, after some vomiting, deep sleep followed with perfectly normal pulse and respiration. Some retention of urine was a temporary feature, but the excretion soon became normal. A conclusion trional is a useful hypnotic—sometime unreliable—but innocuous.

E. W. BING.

The colleges of Paris are overcrowded. The Schools of Pharmacy and of Practical Medicine are absolutely insufficient to accommodate the students. A great many are deprived of the opportunity for dissection, owing to want of room and a dearth of material. Formerly the accommodations and teaching were good, but both succumbed to "inflation" in the provinces, and to "plethora" in Paris.

Therapeutics.

Under the charge of LOUIS LEWIS, S. M. R. C. Philadelphia.

SOME DIAGNOSTIC PROBABILITIES.

When a patient evinces a tendency to sleep with the hands tightly clasped over the head, he probably suffers from some form of dyspepsia.

When a patient has "mercurial" teeth, showing that he has been long and freely dosed with mercury, he will probably develop lamellar cataract later on.

When a patient complains of dull pain at the back of the head, with lassitude and despondency, he probably suffers from excess of phosphates in the urine.

When a patient has his eyelid drooping over the eye and cannot voluntarily raise it, he is probably in danger of an apoplectic seizure, unless it follows an injury or disease, causing paralysis of the third nerve.

When a patient has a small moveable pea-like body in the lobe of the ear, it probably consists of urate of soda, and he may sooner or later be attacked with gout or some form of rheumatism.

When a patient with albuminuria is swollen, the kidneys are probably enlarged; and when the patient is emaciated, the kidneys are probably contracted. When the feet alone are swollen, the heart is probably affected; when the abdomen only is swollen, the liver is probably at fault.

When one or more acute bed-sores appear on the sacrum, the patient probably suffers from spinal disease; when they affect the buttock, he probably has cerebral fever.

When a patient has a persistent bad taste on rising in the morning, independent of stomachic derangement, he probably has or is threatened with cardiac troubles.

When the ends of the fingers become club-shaped, the changes are probably of a fibroid nature, and the patient may have phthisis, heart disease or empyema.

When a patient complains of a constant burning heat of the body, no matter what the temperature may be, combined with tremor of the tongue, and a difficulty in preserving his equilibrium, he is probably threatened with paralysis agitans.

When the muscles of the abdomen flap up and down with the movements of the diaphragm, the patient probably has some lesion or disease of the spinal cord.

When a patient commences to "drag" one leg after its fellow without raising it from the ground, although the limb itself is sound, he is probably developing some disease of the spine.

When a patient does not jerk his foot upward if the knee be struck between the tibia and patella (while the leg is dangling loosely over its fellow), he probably has some form of spinal sclerosis.

When a patient cannot stand steadily with his eyes closed, or is nervous when descending stairs, or raises one leg unnecessarily high when wanting to cross it over the other, or hesitates in rising from a chair when bidden, he is probably threatened with locomotor ataxy.

When a patient complains of severe pain in or about the heart with paroxysmal fainting spells and anxiety, and if the first sound at the base of the heart is muffled, or the aortic sound more pronounced than the pulmonary, he probably suffers from true angina pectoris due to organic disease, with atheromatous deposit and incompetency of the valves.

When a patient exhibits superficial varicose veins on the abdomen, it is a symptom of obstruction to the return of blood through the deeper veins, and he probably has cirrhosis of the liver.

When a patient advanced in years develops a hard, rigid, inelastic condition of the femoral artery, the vessel feeling like a small gas-pipe, he will probably have gangrene of the foot or leg in the near future.

When a patient suffers from continuous headache, which is either deeply seated at one spot or referred to the whole cranium, and never yields, even temporarily, to any treatment, he probably has organic disease of the brain or its membranes.

LOUIS LEWIS, M. D.

Woman's milk is considerably poorer, even though it contains on the average more sugar, than that of the cow or goat, and its specific gravity ranges from 1030 to 1034.

Mare's milk, which is the basis of koumiss, yields an oily fat very rich in soluble acids, among which butyric acid is not so prevalent as in the fat of cow's milk. Its density is from 1030 to 1035, and when allowed to undergo alcoholic fermentation it is converted into a sort of milk wine or koumiss (which has been recently used as a preventive and curative of phthisis), 100 parts, of which, according to A. W. Blyth, contain: Fat, 0.68; lactose or milk sugar, 6.60; salts, 0.66; casein, 2.84; carbonic acid, 0.90; alcohol, 1.00, and water, 87.32.

Cow's milk ranges from 1023 to 1032, and in Europe especially is most generally used for human food. It is a wholesome and highly nutritious article—if it can be obtained pure—both for adults and children. In India the yield of each cow is rather small, and it is in such demand as a substitute for the

The symptoms of spinal disease speed—unless the cow is milked in your presence you can never be sure of the purity of the milk, or of its freedom from admixture with other milks.

Goats' milk with a specific gravity of 1032 to 1036 is richer in all its ingredients than cow's milk, though it has a little less casein and sugar, and also contains hircine or hircic acid, which sometimes gives it an unpleasant odor.

Ass' milk, which closely resembles woman's milk in composition and has a density of 1023 to 1035, is far inferior to other milks in casein and fats; but exceeds them in sweetness. It is a poor aliment, but is valuable for infants and invalids whose digestive powers are feeble.

Dr. Chew, "Calcutta Medical Reporter."

THE ACTION OF CHLOROFORM.

Elaborate experiments have shown that chloroform has no direct action on the heart or circulation, and that the heart can only be affected under chloroform by interference with the breathing or by overdosing, which is practically the same thing. Accordingly, the pulse is in no way a guide to its effect. The lowering of the blood pressure caused by chloroform in effective doses is due

entirely to its direct narcotic effect on the brain. Thus the finger on the pulse may be well replaced by the stethoscope over the chest. But the cessation of respiration before arrest of the heart-beat is not of itself sufficient to prove the truth of this statement.

DUBOISINE.

According to Dr. Marandon de Montyel there are four objections to this powerful hypnotic and sedative, namely: it loses its effect; it causes gastro-intestinal disturbance; it weakens the heart, and it interferes with nutrition. He says that some of these inconveniences are overcome by giving it in interrupted doses subcutaneously, and by injecting it immediately after meals, but it is contra-indicated in affections of the heart. By using it as above advised, and not for too long a period, its de-nutritive influence will be considerably modified. He recommends it especially in the treatment of general paralysis and epilepsy. As much as four milligrammes may be injected with safety for a long time.

TESTS FOR ALBUMEN.

It is doubtful whether all the tests put together are worth the old nitric acid test; the white characteristic cloud which it forms with albumen is well known, and can hardly be mistaken by anyone. Picric acid, trichloroacetic acid, and others are delicate; in fact, too delicate; besides, they possess other disadvantages. The first must be in concentrated aqueous solution; the second is rather expensive, and both are rare articles, while nitric acid is always handy, and if the strong acid be employed, and care be taken to have two layers (one of acid at the bottom and one of urine above it), then the test leaves nothing to be desired, the urine having previously been tested by heating a separate portion.

—Dr. G. Sharp, Manchester.

OPIUM EATING.

Surgeon-Major Little (India) is of opinion that "moderate indulgence in opium eating exercises a distinctly beneficial influence on the moral and physical condition of the people," and he has observed "astonishing powers of endurance in those accustomed to its use." In this statement, no doubt he has reference mainly to the native troops.

Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., 665 Lexington Ave., New York.

ERROR.

N. B.—Owing to a printer's error in our issue of March 17, the heading of the department of "Electro-Therapeutics" was placed over the columns of "Bureau of Information," page 174.

—Ed. T. and R.

FOUR CASES OF RELIEF FROM ACUTE PAINS.

Reports of simple cases are occasionally not less useful than those of rarer nature, and may teach us lessons of every day value. In those now cited the main feature was the comfort so easily and quickly afforded the patient.

Case I.—Miss W— came to my office on January 6, of the present year, suffering from a severe toothache. She had a nervous dread of dentistry, which was somewhat intensified by the aching void in her carious molar. She therefore requested some "toothache drops" till she got courage to visit a dentist.

Instead of a local anodyne application she was treated for five minutes with a positive static spray. The pain ceased entirely, and has not returned up to the date of this writing, although she has unwisely postponed having the tooth repaired or out.

Case II.—Miss H— was having her teeth "straightened," to improve her appearance, with the usual accompaniment of soreness, distress and liquid diet for several weeks. As she was under my care for a muscular deformity, the suffering she endured from her teeth was brought to my notice. I at once administered a positive electrical breeze directly upon the bruised and tender gums. She could close her teeth forcibly, without pain, in a few moments, and a sitting of not over six minutes removed all but a slight deep-seated tenderness. This relief, she afterwards informed me, continued until the dentist removed the "plugs" and wedged other teeth apart, when the same treatment was again effective.

At the time of her first treatment she had been enduring the distress for two weeks, it not occurring to her to come to me for relief.

Case III.—V. G.—Boy, aged 12, was brought to me crying with an aching jaw and aching head. Had just been to a dentist and had a molar drawn, but the pain continued, and the little fellow was not a Spartan.

I applied the positive spray upon the jaw, at the site of the pain for five minutes. He immediately felt relief, which rapidly became complete.

The following day his cheek was somewhat swollen, but he had no further pains and afterwards called at my office to say that he was all right and to express his high opinion of the "electricity medicine."

Case IV.—Mrs. W., aged 40, came to me with an acute "sore throat." Could scarcely speak even in a whisper and felt very uncomfortable. I prescribed the usual remedy, but before sending her home I administered a positive static spray upon each side of the throat for a few minutes—until she expressed sufficient relief.

The effect was almost magical. Her voice was restored to quite its natural compass, and, as the pain of deglutition was removed, she could eat as usual without waiting for the action of either "Nature" or drugs.

She felt well during balance of the day and attended a reception in the evening. It proved to be a raw, rainy night, and the exposure produced the usual result. On awakening the next morning she could scarcely whisper and felt as bad as before.

At breakfast she had nearly complete aphonia. She then came to me for the efficient static spray. I, this time, changed the application to the induced current from the smallest Leyden jars, with the complete restoration of her voice in five minutes.

She was obliged to attend to business matters, which again took her out in the cold, blustering, March air, but her voice retained its clearness, despite the exposure of several hours.

On returning home still felt no aggravation, but by evening dysphagia and aphonia again developed and again were completely removed by the positive

spray. This application before retiring so far relieved the congestion that none of the hoarseness or soreness reappeared the next morning.

During all this time she, of course, continued her medical treatment, but the marked relief almost instantly afforded by the static application was a grateful addition to the effect of the remedy employed.

I have also given similar relief to other cases of acute coryza, quinsy and influenza.

—S. H. Monell, New York.

METALLIC ELECTROLYSIS.

The December number of the "*Revue Internationale d'Electrotherapie*," contains the following from the pen of Dr. G. Gautier, the author of the above valuable method:

"Several years ago I presented a new method of treatment to the medical profession, a method which has since been sustained and strengthened, not only by theory, but by numerous clinical observations.

"From my very earliest experiments with this application I became convinced of its value, and I have confidently awaited the opinions of my colleagues in this branch of therapeutics.

"The method was warmly commended at the meeting of the medical congress in Chicago, September 1893.

"Various titles have been suggested to designate this form of application, among them 'Cupric Electrolysis,' 'Metallic Electrolysis,' and 'Interstitial Electrolysis,' either of which would be sufficiently acceptable and rest upon a scientific basis.

"I, myself, was at first in doubt as to a descriptive term, and had decided to name my method 'Medicated Electrolysis,' when Dr. Tripier suggested that 'Interstitial' would better define the electrolytic process, and later the term 'metallic' was settled upon as being more appropriate.

"My first articles upon this subject were written in 1890, since which time I have collected a large number of records of cases which are exceedingly instructive.

"Metallic Electrolysis is, above all, useful in its application to the uterus, in combating inflammatory lesions, and arresting hemorrhages."

ELECTRICITY IN GYNECOLOGY.

"Chronic Oophoritis, and its Treatment by Electricity" is the title of a singularly comprehensive and able article, by Edward Saunders, M. D., of New York, published in Vol. XXVIII, No. 4, 1893, of the *American Journal of Obstetrics*.

The author gives an exhaustive presentation of the history, etiology, pathology and diagnosis of the disease, and considers the treatment—medical, surgical and electrical—in a complete and impartial manner.

He has treated sixty-five cases in all by means of galvanic and faradic currents. Of these only twenty-five continued the treatment long enough (four to six months) to test its efficacy, and of this number twenty-two, or eighty-eight per cent., were completely cured.

We quote the following from the writer's conclusions: "We may fairly conclude that for the cure of chronic oophoritis there is no remedy now before the profession which is the equal of electricity; the cure being obtained without any risk whatever to the patient, be the case simple or complicated, recent or of old standing, the only contra-indications being the presence of pus, the occurrence of acute peri-uterine inflammation or the existence of old, unyielding adhesions." The technique of the galvanic treatment employed by the writer is described in detail in the article, which deserves to be read in its entirety.

TO OUR SUBSCRIBERS.

To give our readers the benefit of every advance step in electro-therapeutics, we invite the special co-operation of earnest, painstaking investigators, who are habitually too busy to write long and ambitious articles, but whose brief, pointed, practical records of cases would be full of value and interest. In this department we shall be glad to find room for our friends in this important field to report their experiences, discoveries, inventions and original ideas.

Address these contributions to "Electro Therapeutics," "*Times and Register*," 1725 Arch street, Philadelphia.

Miscellany.

IMPORTANT PATENT DECISION—THE ALLEN PUMP PATENTS SUSTAINED.

Judge Grosseup, of the United States Circuit Court in Chicago, has just rendered a lengthy decision sustaining the validity of the Allen patents. This decision is the result of a suit brought by Mr. Charles Truax, Chicago, against W. C. Carroll, Burton F. Hales, et. al., of the Physicians' National Supply Co., for manufacturing and selling surgical pumps resembling those manufactured under the Allen patents.

This is an important decision and one of considerable interest to the medical profession.

BABY WITH A TAIL.

A correspondent to the Memphis Medical Monthly contributes the following:

In December last I was called to attend a lady in the country during accouchment, and seeing that she was likely to have a tedious labor, was very careful in eliciting her history prior to this trying ordeal. She stated she had not felt well for several months—ever since she had worried about some favorite young pigs that were being abused in the yard. Going out she carried the pigs into the house, lifting them fondly by the tail; and that occurrence bore on her mind, being much impressed by this novel way of transferring swine.

But alas! after labor was completed, the fond son also was blessed with a tail—a nice, well-formed tail—a tail just where a tail ought to grow—a five-inch tail. The mother, a primipara, did well, also the child; but the father, who was chagrined at so unusual an anomaly, requested its immediate amputation, which we reluctantly performed; after which he exclaimed: "Now, mine pig-boy does better."

The mother, like most women in whom I have found this tendency to "spot" their young, was of a very frail and nervous temperament, and more than all, was ignorant.

But in conclusion, I am convinced that such mothers can, and do often, transmit their mental impressions to the child in utero, thus developing the many so-called mother's marks. I could relate several similar instances.

Mace, Ind.

JULIAN BERRY, M. D.

THE INDIAN MEDICAL CONGRESS.

The proposal to have a Medical Congress in India was considered at a meeting of the Council of the Calcutta Medical Society on January 24, when it was decided that an "Indian Medical Congress" shall be held in Calcutta at the beginning of January, 1895. The preliminary arrangements were discussed and a general plan sketched out.

It was decided that in each province local secretaries, native as well as European, should be asked to co-operate with the Calcutta secretaries, and it was further decided that the sections into which the Congress should be divided should be:—1. Medicine, including Pathology. 2. Surgery. 3. Obstetrics and Diseases of Women and Children. 4. Public Health. 5. Medico-legal Medicine and allied subjects.

Further details will be given in a future issue. It was decided that the Congress should be widely advertised, and that all medical men practicing in every part of the world, but especially in India and the East, should be invited to take part in it and submit papers to be read in the different sections.

A NEW SOCIETY.

The students of the Medico-Chirurgical College have honored their professor of Diseases of the Eye by forming an ophthalmic society within their ranks. This is the first society of the kind organized in any college in the country. It is called "The L. Webster Fox Ophthalmological Society of the Medico-Chirurgical College of Philadelphia," and is composed of members of the senior class at the college. As these graduates leave, their places will be filled by members of the junior class. It is intended, however, to make the society a permanent and influential one. With this object, graduating students will still retain their membership in the society.

It is proposed to hold an annual banquet, at which a general reunion will take place. Leading eye specialists in every State will be admitted to honorary membership.

The following students are the active members of the society: President

Ignatius Mayer; Vice President, John A. James; Secretary, Matthew Beardwood, Jr.; Treasurer, George A. Wise; Curator, Edmund M. Kimmell. Charter Members: Matthew Beardwood, Jr., Edward A. Crueger, William W. Fritz, Frederick C. Hall, John A. James, J. R. Jamison, Edmund M. Kimmell, Ignatius Mayer, Charles Thompson, Mitchell P. Warmuth, Alfred J. Wenner, George A. Wise.

A new society has been formed in the Medico-Chirurgical College called "The William H. Pancoast Anatomical and Surgical Society," the object of which is to advance anatomical and surgical knowledge among the students by contributions of written essays and discussions.

Osceola, Miss. Co., Ark., March 7.

Dear Sir:

Please give me through the "Times and Register" at as early a date as possible the best and latest treatment for nasal catarrh. What is the best combination for constitutional treatment? What for local application?

A boy, 10 or 12 years old, during the Christmas holidays had, by the premature discharge of a Christmas gun, his face blown literally full of gunpowder. The skin now presents a dark blue color, is rough to the touch, but is perfectly free from sensitiveness. It is a source of great annoyance to his parents. To undertake to remove a grain at a time is impossible. How can I remove it? A reply to these two questions will be appreciated by an admirer of yourself and a constant reader of the "Times and Register." Respectfully,

THOMAS G. BREWER.

(For nasal catarrh: Clean out the nose thoroughly by douche or spray of Do-bell's solution, and then spray with compound albolein spray solution, twice or oftener daily. Internally give iodide of iron for scrofula, calcium hypophosphite for the structural debility, mercury for syphilis, colchicum for plethora; in other words, use whatever the constitutional state requires. I know of nothing that will remove the powder stains without causing more deformity than it cures. I have employed electrolysis, but with little result. There is some local remedy that is said to dissolve the carbon, but I cannot now recollect it, and have never used it.

W. F. W.)

AN APPLICATION FOR BURNS, FREYS-SINGE.

"L'Union Medicale" reports that M. Grigorescu treats burns by means of glycerine; he applies some drops of this liquid, and rubs very lightly over the burnt part. A slight sensation of heat is experienced, followed almost at once by a sensation of coolness or anesthesia.

Inflammation is avoided completely, further the elimination of the epithelial layers is made gradually, and the cicatrix is less marked. The burnt part should be constantly wet with glycerine. The following is a good formula.

	Grams.
R Laudanum	3
Cherry laurel water	20
Glycerin	40

Keep constantly on the burn by means of a cotton compress.

Prescriptions.

FOR SWEATING IN PYTHISIS.

	Grams.
R Acid Salicylic.....	2
Aqua purae	10
Alcoholis	6
Glycerinae purae	4

M. Sig. For hypodermic injection at bedtime, 2 cc equal to 20 cubic grams of salicylic acid are injected, repeated every four or five days.

E. W. B.

ANTISEPTIC SOLUTION.

	Gram.
R Acid thymic.....	1
Alcohol, at 90 per cent.....	4
Aq. destil.....	.995

—Medical Record.

DEPLETORY.

	Gram.
R Iodi pur.....	80
Ol. terebinthinae.....	130
Ol. ricini.....	2
Alcohol	8
Collodii	30

M. S. Apply daily for three days.

—New York Medical Record.

SCIATICA.

	Gram.
R Tinct. aconite rad.....	4
Tinct. colchici sem.....	4
Tinct. belladonnae.....	4
Tinct. cimicifugae.....	4

M. Sig. Twelve drops every four to eight hours.

LARYNGITIS.

	Gram.
R Tinct. aconiti rad.....	15

Sig. One drop every hour in water. Best results when following a dose of castor oil.

—Sargins.

	Gram.
R Potassii permanganatis.....	12
Aqua destil.....	60

Sig. Spray larynx with an atomizer several times a day.

The Times and Register.

VOL. XXVII. No. 13.

PHILADELPHIA, MARCH 31, 1894.

WHOLE No. 812.

Original.

AMERICAN GRIPPE, OR MYXOID-OEDEMA. *

BY CARL SEILER, M. D.

I have been asked to present my observations of American grippe and its after-effects. Of course, the subject is one which is so interesting to all of us, and which is, unfortunately, so mixed in the minds of many that it will be possible for me, in the short time, to give only a resume of the subject. Therefore I hope that the few remarks that I shall make may be of sufficient interest to the members of the society to call forth their expression of opinion and relation of clinical observations of much more value than my own.

In 1885 I observed the first case of this peculiar disease. I afterward (in 1887) discussed the subject with Dr. Glasgow, of St. Louis, who, strange to say, had made observations similar to my own; and as there was no disease which had been described which, to our knowledge, came anywhere near the one under discussion, he had called it "It," and so had I. The disease was first described by me in a paper published in April, 1889. Dr. Glasgow reported his observations to the American Laryngological Association in May, 1889, and in June of the same year I read my paper before the American Medical Association at its meeting at Newport. You may remember that at that time I referred to the fact that the disease was spreading all over the country, and that I had received letters from Montana, Washington, the Canadas, from the South, and, in short, from all directions, after having made inquiry about the new disease.

Geographical situation, elevation, temperature, and atmospheric conditions apparently had nothing to do with its causation; in fact, the disease was everywhere the same in its specific characteristics.

In 1889, in the month of December, the disease broke out in New York City, where it assumed the proportions of a very alarming epidemic, and its existence was recognized as an epidemic general and fatal all over the United States within a very few weeks after its recognition in New York. Unfortunately it was called "la grippe," or the Russian influenza, a disease differing entirely in its clinical character and prominent pathological lesions from the disease erroneously named by the public press. I then published a paper in March 1890, in which I gave the differential diagnosis between the Russian influenza, or "la grippe," as well as of other diseases mistaken for it, and the American disease. Last March (1893), I published the fourth edition of my book on Diseases of the Throat, in which I devoted an entire chapter to the consideration of this disease, under the name of "American grip," or myxoid-œdema, to distinguish it from the "Russian" or European influenza. The distinction is similar to that which we are accustomed to make between measles and German measles or morbilli and rubella (Rotheln).

The peculiar symptoms of the American grip are: the sudden onset; the rheumatic pains, in all parts of the body, accompanying the sudden onset; an abrupt rise in the temperature, with moist skin; a peculiar tension; no inflammation of mucous membranes. In some cases a deposit of pseudo-membrane occurs upon the tonsils and elsewhere, which, however, is of entirely different charac-

* Read February 28, 1894, before the Philadelphia County Medical Society.

ter from the pseudo-membrane of croup and of diphtheria. There is a peculiar puffiness of the mucous membranes, which shows itself wherever the deposit is most developed. It occurs in the throat, in the larynx and nose, in the bronchial tubes, and in the mucous membrane of the intestinal tract. In its prostration of the vital powers of the body the disease is something like typhoid fever; but with it there is no fever, no exacerbation of high temperature; there is no thirst, no dryness of the skin, and no brown coating of the tongue. In one case the temperature was 105 degrees F. at the beginning, but it went down to normal in twenty-four hours. The pulse was 76 right along, and had none of the characters of a fever pulse. In those cases in which death occurred the temperature was reduced to normal, or even sub-normal, and the giving out of the heart was the original cause of death.

In some cases the submucous infiltration is most evident in the vocal bands, and here the consequent closing up of the larynx causes suffocation. The immediate cause of death is usually a small hemorrhage in the mucous membrane in such cases. Ecchymotic spots are often observed in the throat, bronchial tubes, and also in the stomach and intestines. Indeed there may be black vomit, like the black vomit of yellow fever, and the stools may also show the presence of effused blood.

I am now speaking of the symptoms of American grip. I need not refer to the symptoms of Russian gripe, since I could not add anything to the admirable review of them given by my friend, Dr. J. C. Wilson, in his article on "Epidemic Influenza," in Pepper's "System of Medicine," which you are already familiar with.

In the matter of treatment I have found the greatest benefit from a long-discarded drug—which, I must admit, is of no use in any other disease—the benzoate of sodium. In American grip it acts as a specific, precisely as quinine acts in malarial fever. It relieves the pain at once; it brings down the temperature; it relieves the oppression of breathing, and removes the false membrane from the throat. This remedy, with alcohol and rest, constitutes the whole treatment of the disease. In my experience I have found that it is

an absolute specific—of course, provided that the diagnosis has been correct. As to other drugs, I would say that all those patent coal-tar remedies are only a cause of death. They act as heart depressors, when the heart is already profoundly depressed by the disease. Antipyrine, antifebrin, and all the other antis are worse than useless. The heart needs to be supported, and they all cause further depression. Quinine is often a cause of insanity and suicide. During the last three years I have made a careful investigation of all published cases, whenever possible, where insanity had been the cause of death in gripe, and I found that quinine in large doses had always been given to the patients. I have observed in my own cases that even very small doses of quinine will often cause mental disturbance.

Thus far I have considered only the acute condition. If benzoate of soda is not given, and the patient does not remain in bed, a chronic condition of gripe will be produced. This is a very distressing condition, as I know from personal experience. The symptoms are so different that they cannot be given in detail, and it is difficult to make a diagnosis. There is a flabby, pale or coated tongue, want of appetite, impaired digestion, irregularity of bowels. With this there is a depression of spirits, want of ambition, and inability to perform any work requiring exertion of mind or body. A little over-exertion will throw the patient back, and it will be days and days before he can regain his former position and begin to gain strength.

The pathology of the chronic cases has been shown to be a slow process of fatty degeneration of all the organs of the body except the kidneys. And, if there has not been pre-existing disease of the kidneys, there will be no albumin in the urine.

The chief symptoms of the chronic form are general neurasthenia, associated with chronic distention of the venules, and anemia of the arterioles throughout the body. This was seen by ophthalmoscopic examination in the eyes, where it produced impaired vision or blindness. Blueness of the skin is due to the same venous congestion, evidently of neuratic origin.

Besides the mental depression there are hallucinations of peculiar character and irritability of temper. Light has a

depressing effect, while darkness causes exaltation. Toward evening the patient usually feels much better than in the early part of the day. I have observed that a patient may go to sleep at 10 o'clock and wake up at 11 in a state of mental exaltation. He feels like getting out of bed and walking about his room, or relieves his mind by writing poetry; this is the only thing that will enable him to go to sleep again. I have some very curious specimens of this "grip poetry" in my possession. The irritability of temper I have referred to is beyond the control of the patient, although he is fully aware of it; this is part of a hysterical condition, and under slight exertion, or emotion, a condition of hysterical aphonia may be developed, even in men. Then, again, the patient is very much disturbed by all kinds of rhythmical noises, especially at the seashore, where the "one, two, three" of the breakers nearly drives him out of his senses. Even if he cannot hear them he is conscious of annoyance from the rhythmical repetition of the waves, and this will make him extremely nervous, so that he cannot sleep. The rapid succession of the trolley-car bells is also very annoying, and I have had patients who were driven out of the city by these noises.

The treatment of the chronic grip is by alterative tonics. Buchu may be given as a mild diuretic. If there is sleeplessness bromides are useful. All the coal-tar preparations are bad. Of the narcotics, the best is hyoscyne in small doses; as a tonic, strychnine in considerable doses, beginning with gr. 1-32 up to gr. 1-16, three or four times a day. A change of climate is advisable, and the best I have found is a moderately high place, where there is plenty of oxygen and an absence of noise. This is necessary to obtain rest for the mind and body. Mineral waters are valuable, and I found at Bedford great advantage from the use of the water, but there is a spring at Swiftwater, near Pocono, which I consider even better.

The wine of coca is especially useful when the patient begins to exercise as a "pick-me-up." Where the patient must keep at his work the coca is a valuable remedy, as in the case of a preacher who has not sufficient strength to go through with his sermon without some such aid.

CHICAGO'S METHOD OF DEALING WITH INFECTIOUS DISEASES.*

BY WILLIAM F. WAUGH, A. M., M. D.,
Professor of General Medicine, Chicago Post-Graduate College.

Chicago is marked by contrasts. The humble homes of her pioneers may still be seen standing side by side with the matchless creations of modern art. Not only is this true of our architecture, but in our institutions, our methods and our laws, the crude relics of early days retain their places among the growing splendors of the present.

One of the first things that attracts a stranger's attention here is apt to be a huge placard tacked to a door, stating that some infectious disease is in the house. I am informed that this is the only means employed to check the spread of diphtheria or scarlet fever, and that every case of smallpox is removed to the hospital regardless of the ability of the family to care for it.

I wish to present to the Academy tonight a few comments on this management of infectious disease, premising my remarks with the statement that a long participation in the work of the Philadelphia Board of Health has given me an experience entitling me to an opinion.

The objections to the placard system are that it is unnecessarily cruel and utterly inefficient. It can be nothing less than a disaster to have the house placarded, and one whose effects last long after the disease has disappeared. To anyone who is in business this is especially true. I have been informed that one year after a house was placarded it was still avoided to such a degree as to render unprofitable the business conducted therein.

If this were requisite for the public good it must be accepted as a necessary evil, but otherwise I submit that the State has no right to ruin a man when the object can be attained by less disastrous measures.

The placard fails to accomplish its object, because it places no real hindrance to the free access of outsiders to the infected house. Everyone who has worked in this department knows how difficult it is to keep officious friends and neighbors out of such danger. They are "not afraid, or have ideas of their own on

*Read before the Chicago Academy of Medicine.

the subject of contagion that are quite at variance with those accepted by the medical faculty. Or else the doctrine of predestination is adopted as a rule of action; and, strong in the belief that, if Providence wills they will get the disease anyhow and that all rational precautions are irreligious, they disregard the warnings of the physician.

These are the people who spread disease. They are attracted rather than repelled by the placard while the passers-by, who would not go in the house anyhow and have no earthly reason to be informed as to the existence of the disease, receive that superfluous information; and the stranger that is within the gates goes back to St. Louis to spread the report that "diphtheria is raging in Chicago, the public schools closed, streets boarded up;" and the country merchant who reads this goes carefully around Chicago and buys his stock in some other city. If the visitor be questioned, he only has to say he saw with his own eyes the doors placarded; and the bucolic imagination will accept this as proof of the rest.

Permit me to suggest that in the effete East they do these things better.

When a case of infectious disease is reported one of the medical inspectors is sent to the house. He reports on the case, verifying or dissenting with the diagnosis. He presents the family a copy of the health officer's instructions as to isolation, disinfection, etc., and explains them if necessary. If the family has the means and intelligence to follow these efficiently his duty ends here. If not, he may place the house under quarantine, stationing a guard at the door, who prevents any person going in or coming out, and who transmits all stores required.

There is no power vested in the health office to remove persons to the hospital, but when this is advisable it is urged, and in case of necessity the authority is sometimes assumed.

During quarantine the medical inspector visits the patient daily to see that his orders are obeyed.

When the patient recovers, or dies, he orders the bedding to be disinfected or destroyed, the house to be fumigated or disinfected, and any other sanitary measures taken that he considers necessary.

The advantages of this method are that it stops the spread of infectious

disease with certainty, and does so with the least publicity.

The objection that would naturally occur is that it interferes with the attending physician and assumes his duties. The degree of interference depends on the inspector, but as a complaint is always investigated, and an inspector who clashes with the physician is pretty sure to be dropped, there is really very little friction.

As to assuming the doctor's duties, it is sufficient that contagious disease exists, to show that these duties are neglected, for infection would be impossible with perfect isolation and sanitation. Out of many hundreds of cases I found that not two per cent. of the Philadelphia physicians gave such attention to this matter as to render the inspector's visit unnecessary, while not five per cent. had mastered the rudimentary fact that the spread of typhoid fever can be prevented by disinfecting the stools.

Not the least merit of this system is that it receives the hearty co-operation of the medical profession. Under the placard system I should expect that the physician who reported a case would be instantly dismissed and another employed who would rather disobey an unwise law than disoblige a patient. No one whose business would suffer by such placarding would hesitate to reimburse the physician for a fine were he to avoid reporting the case and be detected.

Concealed cases are especially dangerous, hence the placard law is further objectionable in that it incites by its harshness to disobedience.

In one respect I regret to say that Philadelphia is still derelict, in that she exacts from her physicians a public duty, under penalty, and provides no recompense. Just why any class of citizens should be singled out to perform an unpopular duty, one that often brings them the loss of their patrons, for the public good, and yet no payment be rendered, is a difficult question to answer. In England the physician's right is recognized; and he is paid by the health authorities for every case reported.

Law depends for its enforcement on the consent of the community, and it has always been admitted that laws forced on a community without its consent are tyrannical.

It seems to me that this principle applies to classes as well as to communities; and that legislation imposing duties on medical men should have the sanction of the profession.

In this matter Chicago should take the lead, and set a good example to the older cities of the East, by providing a just recompense for the duties exacted of physicians for the public welfare.

In the discussion upon this paper considerable diversity of opinion was elicited, some holding that the quarantine system was not suited to Chicago, with her mixer population and tenement houses. This, however, would simply necessitate the employment of guards who could interpret the instructions, and this is an easy task. The experience of Philadelphia has been that this is the most effectual way of checking the spread of disease, and that the system is inexpensive, compared with the results. In Chicago, it would often be necessary to confine the quarantine to a single flat or apartment, but this is not difficult when the isolation is complete and the bedroom hygiene perfect.

CINCINNATI OBSTETRICAL SOCIETY, JANUARY 25, 1894.

CASE REPORT.

Dr. Wenning—Mr. President: I have two cases I would like to report, both of which are interesting from complications.

Case I.—The first is a case of dermoid cyst of the ovary upon the right side. The patient claimed that she had first observed the tumor two or three months before, and her physician told me she had consulted him as to the probability of pregnancy, although she is now 54 years of age. When she came under my observation, at St. Mary's Hospital, she was emaciated and presented evidence of an abdominal tumor. I could not tell whether it was ovarian, but was satisfied it was not uterine. When I tapped it a light brown liquid came out with flocculi which resembled feces. The cyst was adherent to the broad ligament, especially on the right side. I was able, with my fingers and the handle of a scalpel, to dissect out the tumor. The intestine was nowhere adherent to the tumor, although they lay alongside of it, and no cutting instrument was used in the neighborhood of the intestine.

After it was removed a drainage tube was inserted and the wound sewed up. The patient was then put to bed, and remained pretty well for two or three days. I thought then it would be well to give the patient an injection, and gave instructions to the nurse.

Later I received word that the injec-

tion apparently came out of the drainage tube, and the next visit I thought I would examine her for myself. I found indeed that the water, apparently as I injected it into the rectum, came out through the drainage tube. I knew I had nowhere severed the intestine or used undue force. This was the third day after the operation. The matter drained out from the drainage tube presented a slightly fecal odor, and I thought it would be unwise to leave this without attempting to find the intestinal opening.

The fourth day after the first operation I opened the abdomen the second time. Dr. Jones, Dr. White and Dr. McMillan were present. I scanned the entire intestine, but nowhere could I find the opening. Before I replaced it the second time I introduced my finger into the rectum with the hope of finding the intestinal opening, but even after I made the abdominal section nowhere could I find the opening. Finally I asked one of the gentleman to put his finger in the anus and meet mine from the abdomen, and thus we found a very thin place in the intestinal wall a few inches from the rectum. I pierced it so as to have free drainage from above downward.

She died and Dr. Cameron made a post-mortem the next day, and took out the intestines and examined them, and was just about to give up in despair when he found an opening posterior to where mine was, just about an inch above where I examined with my finger. The tissue was very rotten. It is likely the injection passed posteriorly, around the rectum, and then entered the abdominal cavity. I thought there was a free opening from the rectum into the pelvic cavity, and I was especially inclined to believe this because of the suspicious character of the matter in the tumor. Afterward I modified my views in this way, that in dissecting the tumor from the pelvic cavity I unwittingly caused the trouble posteriorly.

The only thing to account for yet is how the fluid managed to get around the rectum, when the opening was on the posterior wall.

Case II.—The second specimen was taken from a patient, aged 39 years, who had been conscious of the presence of a tumor for six years, and two years ago was advised to have it operated upon. Finally, when she was not able to walk or stand, she concluded to have it removed. When I saw her she was very anemic and emaciated, and the uterus and vagina were entirely prolapsed. She stated to me that the tumor began on the left side, and gradually filled the entire abdominal cavity.

I found fluctuation very marked where you see the cyst, and at the same time there was fluctuation over the whole of the abdomen. The cervix uterus and vagina were normal, except they were elongated because of the procidentia of the uterus.

From her history and condition I took this to be an ovarian tumor; but the vessels were enormously enlarged, the tumor was very hard throughout, and, of

course, I came to the conclusion it could not be ovarian. The vessels of the omentum were tied, where they could be found, so as to be sure of having no hemorrhage, before the omentum was cut from the tumor.

After the ligatures had been placed on all the vessels it was cut from the tumor, and the tumor was everted. It then appeared what it really is—a pedunculated fibroid tumor, attached to the fundus of the uterus. I then had a gentleman put his finger in the vagina, and the prolapsus was entirely restored. I first clamped the pedicle, with the intention of dealing with it extra-peritoneal, but when I found it was attached to the uterus I brought the two surfaces closely together and adjusted them nicely with eight or ten sutures.

The ordinary outlet was then made, the wound stitched up, and the patient removed to her room.

The evening of the same day I was notified there was considerable blood issuing from the drainage tube. Upon my arrival I found the patient was much exsanguinated, and even in a worse condition than the day before. I telephoned for my friend, Dr. Jones. We opened the abdominal cavity and found the stump intact; there was apparently nothing the trouble, and yet there were several large clots in the abdomen. We sought the origin of these in vain, until we finally opened up the wound and found the omentum had retracted above, and several places the vessels had either been missed by the ligatures, or they had given way. The vessels were ligated and the wound sewed up, but unfortunately the patient died.

The tumor weighs thirty-five pounds. There is no uterine tissue in it, and the pedicle is perhaps the size of three fingers. The cyst on the side of the tumor was the most prominent part, and caused me at first to think it was ovarian. It is fibroid all the way through. The abdominal incision was perhaps sixteen or eighteen inches long, and went about an inch above the navel. The distance from the umbilicus to the symphysis was enormously stretched. Of course her death was hastened by opening up to find the omentum.

Whether the two bleeding vessels I found in the omentum were grasped or whether they slipped I do not know. Everything was cystically degenerated, and I have no doubt if she had been operated upon two years ago it would have been a very favorable case, from the character of the pedicle. The degenerated condition of the omentum and subsequent hemorrhage of course caused her death.

DISCUSSION.

Dr. Stark—Mr. President: With reference to the first specimen of Dr. Wenning I will say I am heartily in accord with the plan adopted, of putting the ligature as far down as possible and sewing up the remaining wound. It

seems to me certainly much less heroic than the removal of the entire uterus.

It further seems to me that a total hysterectomy was uncalled for, inasmuch as the uterus was, in itself, in a comparatively good condition. I have frequently seen Martin, of Berlin, split open the peritoneum and excise a myoma without any unfortunate results. In fact, I have seen him while enucleating an intra-mural myoma open into the cavity of the uterus. I remarked to one of the students near me that I thought he should have put in deep sutures first, but he simply put in a row of sutures, and patient made a nice recovery.

In the other case I feel the method advocated by the previous speaker would have been a better one, namely, that of packing with gauze, in the hope that the hole in the rectum would have been closed up by plastic exudation. If it had not been closed up the general peritoneal cavity would have been cut off, and the worst that could have happened then would have been a fecal fistula, which could have been cured at some other time.

Dr. Palmer.—Mr. President: It makes a great deal of difference what part of the intestine we open in these cases of laparotomy. I do not see where anything better could have been done in this case than to have opened the abdomen, washed it out and packed it with iodoform gauze. The exact site of the opening was inaccessible to be artificially entered. Certainly you could not have depended on nature's method to have restored the opening. I once had a case, some several years ago, where peritonitis set up after an ovariectomy. I opened the abdomen to drain it off, and three or four days afterward some fecal matter commenced to flow through the incision. All I did was to keep her clean and give some general medication. It continued oozing some for nearly a year, but finally closed. I believe that, where any of the smaller intestines are subsequently opened and adhesions form to prevent the entrance of the intestinal matters into the peritoneal cavity, and nature will in time affect a cure. Several cases have occurred, and I believe they all have been cured. All that is necessary is to keep the fistulous tract scrupulously clean.

EASTER FLOWERS.

O dearest bloom the seasons know,
Flowers of the Resurrection blow,
Our hopes and faith restore;
And through the bitterness of death
And loss of sorrow breathe a breath
Of life forever more!

"The thought of Love immortal blends
With fond remembrances of friends;
In you, O sacred flowers
By human love made double sweet,
The heavenly and the earthly meet,
The heart of Christ and ours!

— John Greenleaf Whittier.

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MEASLES.

A mild epidemic of measles is prevalent in some portions of Philadelphia and elsewhere, and while this subject is one which is generally considered the necessary disease of childhood, let us also remember that occasionally it is not such a very mild disease; nor is it to be considered that children are obliged to have any disease, contagious or otherwise.

It is too often the custom to expose children to mild types of the exanthemae, on the ground that they are evils which are bound to come someday, and the sooner they are over, the better. This is not so. Children are often the victims of complications to these mild epidemic diseases which prove far more serious to future health, if not to life itself, than the primary disease.

True measles runs its course in about eight days from the initial symptom with the exception of the stage of desquamation which occupies a period varying from one to two weeks longer. The contagious principle may be present until desquamation ceases.

Complications of measles may occur from the period of initial attack to the cessation of eruption. Inflammatory conditions of the lungs or bronchi are the most frequent complications. In-

flammation of the eyes and internal ear are, perhaps, the complications next in frequency.

For uncomplicated measles little treatment is needed beyond due care to keep the child in bed and warm, avoiding all exposure to cold. Generally a cough mixture to allay the irritation of the bronchial tubes and sometimes a mild diuretic, which may be advantageously combined with the cough mixture, will suffice.

Complications are to be met as if treating them irrespective of the measles. The conditions, so-called, of the eruption of measles "striking in" is simply an indication of the onset of a complication against which vigorous measures should be instituted, not to re-establish the eruptive manifestations, but to search out and combat the co-existing disease.

Prevention of complication is a far better method of treatment than to allow such to supervene unheeded. For this, thorough examinations of the lungs, ears, eyes, kidneys and any other organ liable to take on inflammatory action are necessary during a course of measles and appropriate remedies given to meet any arising indications of danger in this respect.

As a rule the bowels need very little attention unless the diarrhea, which attends this disease, becomes too troublesome or the stools too frequent. A mild diarrhea does no harm and is a result of the inflammatory condition of the mucus membrane of the alimentary canal, similar to that observed on the skin.

Cerebral complications are comparatively rare with this disease. We occasionally observe, during the height of the malady, a more or less flighty condition of the mind, but this is to be accounted for more by the irritation of the nervous system, from the poison of the epidemic, than from any inflammatory condition of the brain or its membranes.

THE INTER-NATION MEDICAL CONGRESS AT ROME.

From present indications, the outlook for a large attendance at the Roman-Congress from America is not very encouraging.

It is unfortunate that, so soon after

our Columbian-Exhibition and the active part which Italy took, that we should not fully reciprocate the fraternal greeting by a larger representation.

It is true that the date will prevent the attendance of many of our most noted teachers, and, besides, many are tired of crossing the Atlantic in the early spring. Nevertheless there are several inducements to travel eastward, which do not obtain in any other season of the year.

On ocean travel, because of the time of the year, transportation is reduced nearly a third; besides, the English, French and Italian railways have reduced the rates 50 per cent.

No doubt the European attendance will be large and it is hoped that the Congress scientifically and socially will favorably compare with its predecessors.

The "Times and Register," being represented by a member of our staff, will endeavor to present all our readers with all the most important topics there presented, as rapidly as they reach us.

NO MEDICAL ACT IN MASSACHUSETTS.

A correspondent in the "British Medical Journal" for March 10 points out the ease with which one may be able to style himself "Dr." in Massachusetts and the shame upon the professional men of that State for the indifference they manifest regarding medical legislation for the protection of the ignorant classes.

The following are his words: "The close of another year without any legislation in Massachusetts to restrict or in any way regulate the practice of medicine is of significance. In this State no physician is required to show any credentials or any diploma before he can practice. A tailor or a baker has as much right as a graduate of the Harvard School to call himself Dr., and to practice medicine, surgery or midwifery. There is no Registration Board, no examiners, no censors. It is a free and open profession to all who choose to call themselves doctors.

"It must be surprising to outsiders that such a state of affairs is allowed to exist in a well-regulated community, but the profession is apathetic and without legislative influence. From time to time an attempt is made to pass a law, but the irregulars and quacks fight much harder

against it than the better men do for it, and it is now some time since even an attempt was made to secure a law. Massachusetts is one of the few States still without protection. There is a State Society open only to graduates of regular schools, for admission to which examination before a Board of Censors is necessary, but membership in the State Society carries little weight or privilege, except that of standing well in the eyes of one's fellow practitioners.

"Most of the States have some responsible Examining Board, who license those who show themselves qualified to practice, and this furnishes a certain protection to the ignorant public, who are the worst sufferers. Some States have efficient laws, which are well enforced, and in these States the quacks find it difficult to secure a foothold; but other States, with good laws, are practically as badly off as is Massachusetts, because the registration laws are not enforced. But the fact that one of the leading States, from an educational point of view, such as Massachusetts, is absolutely indifferent to the existing state of affairs must be surprising to English practitioners."

Correspondence.

THAT "TICKLISH QUESTION."

The question propounded to the editor and answered with several doubts by the author in a late number of the "Times and Register" hardly found the solution it is capable of. The idea conveyed by Dr. Lewis was that the growing boy feels the desire for sexual relief (which, by the way, is but the birth of instinct, and is true of all animals), and this he finds in self-abuse, illicit intercourse, or marriage.

It must never for a moment be forgotten that man has intelligence to guide him, and for this reason he never should seek an apology for allowing instinct to control him.

The young need only to be taught that self-abuse is as damaging as it is horrible. It lays siege to his health, interferes with the development of his body and mind alike, and destroys ambition, without which he cannot succeed in the struggle for place in the race of life.

When ignorance is the foundation of

this abominable vice, the victim is to be pitied quite as much as his parents deserve condemnation. While it is true that modern therapeutics can do much by way of restoring lost sexual power, still the fact remains that the injury is serious and therefore deserves the attention of those who would prevent by timely advice what may be difficult to cure.

Illicit intercourse is an abomination that is liable to be more dangerous to the individual, and surely is so to society. Disease lies in the wake of all who seek the society of the courtesan. Private snaps are public dangers.

The young man who forms the habit of seeking relief from women his purse will buy is not fit to marry a good woman. Nine times out of ten he will be unfaithful after marriage. No man has a right to expect his wife to be faithful if he wanders by troubled waters.

The marriage of the very young and immature of either sex is not productive of good results. The best specimens of animal life are the products of mature parents. Boy husbands and girl wives are unfortunates in that they are so prone to let the after regrets mar the good they might do toward each other and society in general.

The general inference to be taken from Dr. Lewis' article is that these three avenues are about all the lines of escape except hard work, and it is not dignified with a place, but is given as a matter of passing mention. In fact, the reference at self control is not, as it should be coming from a medical man. There is no other way in which the youth who is full of life and vigor can hope to stem the tide. If he be instructed on this important matter and has the shoals and rocks pointed out, he can steer clear of them. Let him know that if he abuses himself in an unnatural manner he will need to be carefully treated if he is ever fit for matrimony. If he seeks the harlot he will sooner or later be diseased, and the effects of these diseases may stay with him while he lives and worry his ghost after he is gone. If he gets a suspicious sore he will start on a tour after blood purifiers that will end when the sexton rounds up his six feet of earth. If he rushes into matrimony as soon as his age will permit a license the chances are that he will rue the step and a misguided, mismatched couple will trot through life never once in step and with no common purpose or aspiration.

When any of these things occurs by the advice, sanction or encouragement of a medical man an outrage has been committed and an honorable calling lowered. The laws of man are inviolable for the common good. The laws of God are infinitely more so. The man who steals should be punished for his own and the community's good.

The man who injures his health will suffer, and in that the race suffers. We proclaim that thieves shall be punished, but we hint that the personal violator has no way of escape.

The young man who would amount to anything in life must keep himself

clean and pure. The instinct will be there but he must hold it down just as he must curb a hundred other tendencies and cravings all through life. Many fathers are ignorant, and too ignorant to admit that they are not competent to advise, while too cowardly to take into their confidence the flesh of their own flesh. The vices of intemperance are held up to boys' eyes and made life-size by no effort, while a more vital question is tabooed as being unfit for polite allusion.

All this effort to keep from growing boys the knowledge which they will get, and get wrong, too, is too bad, and doctors are far from free of blame. They too often are not averse to advise a young man who seeks aid to stop a practice that is ruining him, that a woman can be found, and then he will have no further trouble. Any man who will advise a young man to seek a woman of the town, either to relieve his desires or make him stop abusing himself, is an ass and unfit for the lofty position he occupies by compliment to his title, not ability.

There can be no doubt but that there are young men who cannot control the desire for sexual relief. What of that? There are means by which the effort can be made successful, and it is or ought to be, the province of doctors to know how this is done. Drugs which do not and will not harm the body enable the young man to tide over the period until he can safely seek the natural relief. So, too, of the victim who has abused himself until he finds that when he is able to control his passion he is weakened and unfit for matrimony. For these there is aid and it must be forthcoming before marriage if a happy man is to be made out of the worried one who regrets his folly but is not prepared to undo the injury done.

Children are born with sexual passions and they are no more to blame for them than they are for the shape of their ears. Children begotten in a whirlwind of sexual abandon, allowed but not justified by the marriage tie, have thrust upon them a load they too often are not able to stand up under.

The time will come when the ones who deserve the blame will get it, even though they are out of sight and hearing while the poor victim of parental lust will get all the more pity and more help than now; but the time will never come when the most faithful effort and the most determined fight are not encouraged.

Sexual therapeutics have made a wonderful stride in the last decade, and it is a matter for congratulation that the poor abused young men can be made fit for matrimony if they will lend their aid. This fact, however, should not deter us from offering the encouraging word to the effort to keep the tempter to the rear, and under no circumstances should we lend our aid to lessen the dignity of our profession by advising or winking at the violations of those laws upon which a healthy, happy race must be built.

J. A. DeARMAND, M. D.

Davenport, Iowa.

German Notes.

Translated by ADOLPH MEYER, M. D., Chicago.

TYPHOID BACILLI.

Professor Uffelmann obtained the following results in experiments on the resistance of typhoid bacilli against drying out in various media:

1. In garden earth, 21 days.
2. In white filter sand, 82 days.
3. In dust, more than 30 days.
4. On linen, from 60 to 72 days.
5. On buckskin, from 80 to 85 days.
6. On wood, 32 days or more, sunlight being excluded.

This proves that a contamination of food through the air is easily possible. It is, however, not certain whether direct contamination through the air occurs, not so much through the respiratory organ as through swallowed mucus from nose and mouth.

—Cbl. f. Bact. und Paras.

INFECTION FROM GUNSHOT WOUNDS.

Dr. Pfuhl made fifty-one implantations of small pieces of clothes in the skin, muscles, pleural and peritoneal cavities of white mice and rabbits in order to decide the question whether gunshot wounds become easily infected by pieces of clothes carried into the wound. No inflammatory reaction occurred, whereas pieces charged before with staphylococci caused inflammation every time. Pfuhl comes to the conclusion that the danger of pieces of clothes in gunshot wounds is commonly overrated.

—Cbl. f. Bact.

M. EINHORN ON THE THERAPEUTIC RESULTS OF DIRECT ELECTRIZATION OF THE STOMACH.

Cases of hyperacidity and of reaching were nearly always favorably influenced by the direct faradization, which causes, as a rule, a more abundant secretion. Among the cases of simple chronic gastritis and those with beginning atrophy of the mucous membrane, a few showed a decrease or even a complete vanishing of all the subjective symptoms, whereas others, especially those complicated with severe gastralgia, were only little improved. In these cases, where direct faradization was not a success, direct galvanization of the stomach (negative pole) was often very successful.

—Deutsche Med. Wochenschr.

PENZOLDT ON THE CAUSES AND EARLY DIAGNOSIS OF CHRONIC NEPHRITIS.

The uncertainty of our knowledge with regard to the origin of most cases of chronic nephritis is due to the difficulty of ascertaining the first beginning of this affection. In regular examination of urines, we meet sometimes cases of slight transitory albuminuria with few casts and cells, without other symptoms of kidney disease. Penzoldt examined the urine of 56 persons before and after intense exercise. After great efforts, the leucocytes and the epithelia become more frequent and more numerous, and even casts (hyaline or epithelial) may appear; red blood corpuscles were never observed. Excessive use of asparagus, radish, tea, coffee and mustard caused the appearance not only of epithelia and leucocytes, but also of red blood corpuscles—a transitory irritation, which, if frequently repeated, may pass over into a chronic condition. Few casts and epithelia would indicate nephritis when observed during perfect rest and without the influence of irritating food.

—Muenchener Med. Woch., 1893, No. 42.

NITRO-GLYCERINE FOR GAS INTOXICATION.

Dr. R. Hoffman treated successfully gas intoxication with injections of nitroglycerine, 0.0005—6.001 every 20 minutes.

—Deutsche Med. Wochenschrift.

Th. Fischer (Rochester, N. Y.), warns energetically against the use of strong solutions of corrosive sublimate for the urethra. After the use of a solution of $\frac{1}{2}$ 0.00, he observed in a patient necrosis of the mucous membrane, which healed very slowly. He would therefore suggest that no stronger solution than 1. 020,00 should be prescribed.

—Therapeut. Monatshefte.

GALVANO-CAUTERY.

A fact not to be forgotten in the use of the galvano-cautery is that beside the cherry-heat, mentioned so often in text-books as a prevention of hemorrhage, it is just as important that the instrument is dull. Ordinary jeweler's binding wire, which is soft iron, is just as efficacious as platinum and far cheaper.

—Omaha Clinic.

Surgery.

Under the charge of T. H. MANLEY, M. D., 302 W. 53d St., New York.

CURETTING OF THE TRACHEA AFTER TRACHEOTOMY IN DIPHTHERIA.

BY CHAS. M. SCUDDER, M. D.

A boy, aged 4 years, had been sick with diphtheria two days. Owing to progressive dyspnea, tracheotomy was performed. Very little tonsillar or pharyngeal disturbance was noticeable. Two days after operation, the secretions from the tube grew sticky. They were softened by a spray close to the tube, but twenty-four hours later, they diminished and the child grew cyanotic and suffered greatly from labored breathing. All of the usual procedures were tried to keep the tube clear, but without avail. Finally a dull wire intra-uterine curette was introduced into the wound, gently carried to the bifurcation of the trachea, and all sides of the trachea—its whole circumference—systematically and thoroughly curetted. As the curetting continued, pieces of membrane, one of which made a complete cast of the circumference of the trachea, were withdrawn through the wound. The hemorrhage was slight. The relief to the dyspnea was immediate.

The tube was replaced; and the boy made an uninterrupted recovery. One or two pieces of membrane came away the following day.

Two years have elapsed since the tracheotomy and curetting of the trachea. The boy is well and strong.

Scudder says the suggestion to curette the trachea in such conditions, was made to him by Dr. Wheeler, of Chelsea, Mass. He has not found a similar case previously recorded. In this instance the inflammation was probably quiescent and the membrane was beginning to come away. It was an opportune time to curette.

—Bost. Med. and Surg. Journ.

SHOCK.

Injury to any part of the body may cause shock, but the abdominal viscera, the testicle and urethra, and the ovary

are especially susceptible. In shock, the heart is hastened in action, but lessened in force; the respiratory centre is less active; the superficial blood vessels are contracted, causing pallor of the surface, and the bodily temperature is reduced.

Therefore, the requisites of treatment comprise restoration of heart, stimulation of the heart and lungs, and dilatation of the superficial blood vessels, in order to equalize the circulation; and our sheet anchors for these purposes are hot bottles, etc., strychnine, digitalis, nitroglycerine, caffeine, whisky and oxygen. The whisky is generally best given in beef tea, as an enema.

Dr. C. P. Noble, N. Y.

A PLEA FOR SUCCESSFUL SURGERY IN PRIVATE PRACTICE.

The large amount of successful surgical work done in and reported from our public and private hospitals might tend to mislead those who had not studied the matter carefully, or who had not had an opportunity to observe or hear from the successful work done by the surgeon in private practice, outside of well-regulated hospitals.

We admit that the work and care of the surgeon is reduced to the minimum by being able to do his work in a well-regulated hospital with a full corps of assistants and trained nurses at his command and with an aseptic operating room, patent sterilizers, etc., always ready for use; but our plea is that by an extra effort, and due diligence and care on the part of the surgeon, just as successful work can be done at the residence of the patient or other suitable place, and while we do not underrate the advantages and convenience and comforts of the hospital, yet we do not consider them a necessity, but a convenience. Many a worthy operable case is deterred from submitting to a surgical operation because they are informed that it necessitates their entering a hospital, the thought of which is repulsive to them and the expense of which they do not feel able to defray.

—Kansas Medical Journal.

Therapeutics.

Under the charge of LOUIS LEWIS, M. R. C. S., Philadelphia.

CREOSOTE CARBONATE.

The use of creosote in soluble capsules with cod-liver oil, as was so strongly recommended by Sommerbrodt, I have long since abandoned on account of the nauseous eructations of the oil. In spite of all its disadvantages I have adhered to the use of creosote, for the five thousand cases of Sommerbrodt (1887), to which he has recently added his later experience, and the seventeen hundred of Von Brunn (1888) are too strong evidence to be lightly set aside. In spite of the many cases where toxic symptoms, even alarming ones, have arisen, and the recently reported case of Freudenthal is an example, I believe we are justified in continuing to use this remedy, although we do not attribute to it any anti-bacillary properties. Notwithstanding that it is probably useless in acute tuberculosis, in tubercular pleuritis and enteritis, and that it is contra-indicated in acute and chronic nephritis and in certain cases of idiosyncrasy, there is an ample field for its employment. Several years ago the carbonate of creosote, that is, beechwood creosote (ninety-two per cent.), in chemical combination with carbonic acid (eight per cent.), was discovered in the scientific laboratory of Dr. F. von Heyden's successors, at Radebeul, near Dresden, who have named it creosotal. As you see from the specimen, it is a clear, pale, almost colorless liquid, of syrupy consistency, becoming thinner by heat. It is insoluble in water, but soluble in alcohol or in four to five parts of cod-liver or olive oil. It has a slight odor of creosote, and an oily, slightly tarry taste, which is in marked contrast to the burning taste of creosote.

It can be administered clear, or, as it is said—but of this I have had no personal experience—by hypodermic injection, a large needle, and to reduce the consistency of the liquid by heat. It can also be administered in the form of an emulsion, one-half to two drachms being beaten up with the yolk of an egg, diluted with water, and flavored with any aromatic syrup. During the past three months I have found the administration by means of gelatine capsules, either

hard or soft, from ten to twenty minims in each one, to be eminently satisfactory. There is no doubt about the elimination of creosote carbonate by the respiratory tract—the breath gives ample evidence. It is also excreted by the urine, although in what proportion it is at present impossible to state, for the estimations have not been made. Two drachms per day, even on the first day, may cause the urine to become dark green. So far as I know, this is the only symptom to which it gives rise, and it is simply an indication to diminish the dose to one-half of its former size. According to my observations it does not produce malaise, nor irritation of stomach or of intestines. It is stated that it does not produce any diarrhea, and also that if a diarrhea exist, it is without effect upon it. The first part of this statement I believe to be correct; the latter I have not had an opportunity to verify. We have no doubt as to the fact that it is non-poisonous; the important question is, Is it as efficacious as creosote? Chauvignier used it in eight cases with equal success so far as the lesions were concerned. My own observations confirm his. Since the creosote carbonate contains ninety per cent. of creosote, the dose may be considered to be practically identical. Fifteen to twenty drops per day is probably sufficient for children; adults will bear one to two drachms; even four drachms per day in divided doses may not be excessive.

—Dr. Wilcox, in N. Y. Med. Record, March 10, 1894.

EUROPHEN IN THE TREATMENT OF DISEASES OF THE SKIN.

The qualities which render europhen of especial service in diseases of the skin and venereal affections may be briefly summarized as follows:

1. Its freedom from disagreeable odor.
2. Its high percentage of iodine, rendering it an effective antiseptic and absorbent.
3. Its adhesive power, in consequence of which it acts as an impervious covering to ulcers.

4. The absence of toxic effects.

In a clinical study of 176 cases of various lesions of the skin, Dr. Ullmann (Internat. Klin. Rundschau) shows how successfully these properties of euophen may be utilized in the treatment of chancreoids, chancres and other syphilitic lesions. He generally employed the remedy in the form of the powder, but occasionally dissolved in ether as a spray, or in ointments with lanoline and vaseline.

In cases of chancreoid, euophen was applied twice or thrice daily after previous cleansing with a weak antiseptic lotion, and cicatrization occurred rapidly (ten days to three weeks). Moist syphilitic papules and chancres were successfully treated in the following manner: during the night the affected parts were covered with mercurial plaster, and in the morning washed with a weak solution of sublimate or carbolic acid, dusted with euophen and covered with sterilized gauze. Simple non-infected wounds were found to heal promptly under its use, and in the treatment of burns a 3 per cent. ointment (equal parts of vaseline and lanoline) proved an admirable application.

After an experience of over two years' duration Ullmann concludes that this remedy has shown itself the best substitute for iodoform in superficial ulcerative processes in the genitals, especially venereal ulcers, and as a dressing for wounds.

PROTOPLASM UP TO DATE.

Protoplasm was formerly described as a homogeneous structureless jelly, but it is now clearly proved to be of various kinds, differing in each organism, and in different animals. It is of very complicated formation; a more or less delicate network of interwoven fibres forming the basis, and a clear watery fluid permeating its meshes, to soften its solidity. These fibres are strung with infinitesimal granules, which move to and fro along their length, and their activity seems to be perpetual. They are apparently without structure, but they are supposed to vary in their composition, and to be capable of even minute subdivision.

Protoplasm cells contain, besides the clear protoplasm, a nucleus (which again contains minute fibres, fluids and granules), and also a compound called nu-

clein, in the form of dots, granules or rods, variously arranged, and it is frequently found inclosed in a tubula. This nuclein contains all the properties of the whole protoplasm, and in many instances all the essential characters of the animal or plant to which the particular cell belongs, and probably all the hereditary characters which the plant may transmit to its offspring.

THE USE OF ROTTEN EGGS.

It is somewhat disquieting to learn from the proceedings in connection with the prosecution of certain Islington bakers at Clerkenwell Police Court, last week, that the use of rotten eggs for the purpose of making confectionery is quite a common practice. One baker had no fewer than seven hundred and fifty eggs in his possession, whilst another had a basketful all bad and unfit for human consumption. It was stated by one of the witnesses that even if eggs used for cake, etc., are quite putrid, the smell is quite destroyed in the process of baking. Mr. Horace Smith, the Magistrate, marked his sense of the iniquity of the proceeding by inflicting a fine of £10 in one case and £5 in the other.

—Med. Times and Hosp. Gazette.

THE LA BORDE METHOD.

Professor Coutelet (Besancon) was recently lecturing to his students on asphyxia, and, as a young girl had just died in the hospital from tubercular meningitis, the idea struck him to go to the corpse and give a practical lesson on the new method of treatment by traction of the tongue. What was his astonishment, as well as that of the assistants, when, after a few minutes, he saw the respiration returning, the heart beating, and the face becoming colored.

This phenomenon lasted three-quarters of an hour. Death really existed, but the reflex action of the bulb—a respiratory centre—had not totally disappeared, and the traction had stimulated the phrenic nerve to bring the diaphragm into temporary action.

Failure of this resuscitating method would appear to afford an indubitable test of death.

Gynecology.

PEDUNCULATED FIBROID OF THE BROAD LIGAMENT.

Demons, of Bordeaux, November, 1893, removed a tumor of this kind from a very hysterical woman, aged 23. In July, 1891, a tumor of the size of a walnut was detected in the hypogastrium, to the right. It was perfectly separate from the uterus. By the end of 1891 it was as large as a man's fist; the right ovary could not be distinguished separately from it; the left ovary was extremely tender. There was dysmenorrhea, and never menorrhagia. The tumor was removed in January, 1892. It was found attached to the upper border of the right broad ligament by a thin pedicle "a finger's breadth in length." This was ligatured and divided. The corresponding appendages were healthy, and were therefore left alone. The tender left ovary was removed, with its tube; it was sclerotic and strongly adherent. After recovery the hysterical symptoms continued. In February, 1893, the patient had a nervous cough, with convulsive "tic." An instructive review of seven similar cases, the only authentic examples of pedunculated fibroid of the broad ligament absolutely distinct from the uterus, is added. In one the pedicle sprang from the ovarian ligament, and in another from the infundibulo-pelvic ligament.

—Arch. de Tocol. et de Gynec.

DIFFERENTIAL DIAGNOSIS IN ABDOMINAL PAIN IN THE FEMALE.

Women often call upon the physician to consult about certain vague pains in the abdomen which they always imagine come from the uterus.

Now, it is well for us to give something more than a cursory notice to abdominal pains in women when they are localized, and of long standing.

Sometimes they are parietal, sometimes they are pelvic, often they are neuralgic.

In parietal pain, neuralgic or rheumatic over distention, pressure or strain always aggravates it.

These muscular pains are characterized by an extreme persistence with an indecisive localization. They are in arising from bed, walking or much bodily exercise. No special decubitus will relieve them and they persist in spite of bodily rest. If we examine carefully into these cases we will find that they are neurasthenic and debilitated.

Pelvic pain may be neuralgic, con-

gestive or inflammatory, caused by metritis, ovaritis or uterine displacements.

These pains are localized, and occupy the groin or deep pelvis. They are always augmented during coitus and the menstrual period. When they are uterine they are paroxysmal, caused by contraction. Herman compares them to the pains attendant upon fibroids or dysmenorrhea. Decubitus makes but slight modifications in them.

Neuralgic pains are but slightly modified by rest. A morbid state of the general system is at the bottom of them in causation.

Extra-pelvic pain is caused by a thousand morbid states, the most frequent being appendicitis, aneurism and pathological conditions of the viscera which must be separately studied.

Physical examination has enormously expanded our knowledge of abdominal diseases, but its efficient utilization demands a vast extent of study combined with skillful and incessant practice.

Gazette De Gynecologie, Feb. '94.

DISEASES OF THE HEART AND OF PREGNANCY.

Medical Treatment—Bleeding.

Obstetrical—If the woman is in danger, provoke abortion or artificial premature accouchement. Await, if possible, that the fetus may be viable. In case of imminent danger provoke the abortion.

If the woman enters in travail at or before term, prevent her from making efforts, and hasten the accouchement by the forceps, or, if necessary, by version.

If the woman expires suddenly before successful accouchement, Caesarian operation or extraction of the fetus by the natural processes according to the case.

Tarnier.

Preventive Treatment—Forbid marriage in cases of heart disease.

If she is married, caution her not to become a mother.

If she becomes enceinte, order avoidance of fatigues, emotions and all the causes which hinder the circulation and influence disease of the heart.

If she is a mother, forbid her nursing her child.

Medical Treatment—Bleeding and digitalis are very useful.

Peter.

On February 24 the subscription list to the monument to Professor J. M. Charcot had reached the total of 4287 francs, or \$857.50.

Ophthalmology.

Under the Charge of J. A. TENNEY, M. D., 2 Commonwealth Ave., Boston.

MUSCAE VOLITANTES.

A great many patients consult oculists because of these inoffensive objects in the vitreous humor. They describe them as "spiders," or chains of small spots. It sometimes requires considerable effort on the part of an oculist to convince the patient of the innocent character of these appearances.

An ophthalmoscope magnifies about 20 times; and when it is used in the majority of cases in which the patient complains of seeing these spots, nothing whatever can be seen in the vitreous humor. It is then safe to say that the appearances are not pathological.

Some people with hyperesthesia of the retina can see these floating objects when reading. People with myopia are particularly annoyed by them, but some do not know what they are, having never seen anything of the kind.

If most people will throw a towel or handkerchief over their heads and look at a bright light, they will see these objects quite clearly. Shutting the eyelids almost together and looking at the bright sky will cause them to appear in most eyes.

The writer had a young lady for a patient at one time who complained of a spot in her field of vision, that annoyed her greatly by getting between her and everything she saw. The ophthalmoscope revealed a small, dark spot, apparently near the nodal point of the eye. It could not be made to float around, showing that the vitreous humor was not fluid. There was no disease to be found in the eye anywhere. This was probably a remnant of the hyaloid artery; and when the matter was explained to the patient, she was greatly relieved.

True muscae appear like strings of beads, with dark surroundings and bright centres. These centres may be made to appear black, if they are seen through a convex lens of half an inch focus, the distance of the lens from the eye being varied until the desired effect is obtained. When the bright centres can be transformed into black spots in this way, the patient need not be troubled, for he has something that is common to all eyes.

J. A. T.

TENONITIS.

A man employed to clear snow from the switches or the West End Railroad came to the writer with his left eye and lids enormously swollen, and complaining of pain in and about the eye, that would not allow him to sleep at night. He had taken cold about five days earlier, and soon after the lids began to swell, and the eye to be pushed downward and forward. The eye was much restricted in its movements, and was entirely blind, having lost perception of light. Its tension was considerably increased.

The man was put to bed, and leeches were applied to the temple. Then a large piece of ice was placed in a pan by the bedside, and several thin pieces of old linen handkerchief were placed upon it. The nurse was directed to transfer these to the eye and back again every three minutes, night and day.

The pain subsided in three days, but the swelling continued. No suppuration ever took place. Six weeks after the writer first saw the eye, the patient left the State, and was lost sight of. At the time of his going away, the eye was still greatly swollen, its movements were considerably impeded, but it gave him no particular inconvenience.

The diagnosis was inflammation of Tenon's capsule, which is a rare disease, when it occurs primarily. The swelling about the optic nerve had caused blindness. If the eye had been treated vigorously at the outset, perhaps it might have been saved, and perhaps not.

J. A. T.

THE SHADOW-TEST.

A course of lectures, demonstrations, and clinical work on skiascopy, or the shadow-test, will be given at the Philadelphia Polyclinic during the week commencing April 9. This method of determining the refraction of the eye has for years been practiced as a part of the regular routine examination in that institution, and is there found to be of greater practical value than the methods by the use of the ophthalmoscope or the ophthalmometer.

Miscellany.

TREATMENT OF BLENNORRHEA BY IRRIGATION WITH PER- MANGANATE OF POTASH SOLUTION.

DR. JANET, PARIS.

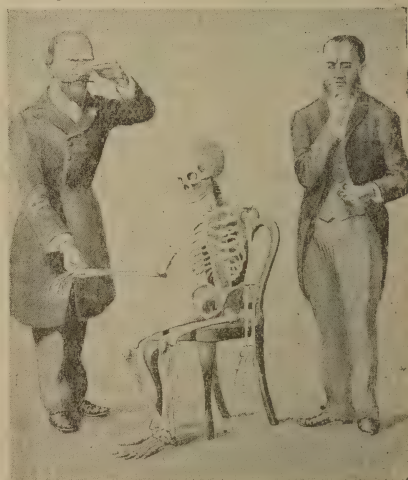
(Int. Centblt. f. Phys. u. Path. d. Harn-und-Sex.
Org., 1893; IV: 443).

Janet presents the results of treatment of a number of acute, subacute and chronic gonorrhœas by irrigation with solutions of varying strengths of permanganate of potash, without the applications of sounds, etc. The aim of this treatment is the annihilation and removal of the gonococci, and the proof of their disappearance is established by microscopical search for the gonococci made daily for eight days after the last irrigation. Then for another eight days after the injection of nitrate of silver (strength of solution not given), and again after eight more days, during which the use of beer, etc., has been resumed.

Of 21 acute cases treated by the abortive method, 13 were cured; of seven cases of anterior urethritis, all were cured, and of 33 cases of involvement of the entire urethra, 30 were cured. The irrigations were made by means of the ordinary irrigator, having a rubber tubing about two metres long, the urethra extremity fitted with a conical glass nozzle, sufficiently wide to close the meatus without penetrating deeply into the urethra. For irrigating the anterior portion of the urethra, a pressure height of 50 cm. (about 20 inches) is used, and the nozzle is alternately pressed against the meatus till the urethra is full, and then removed to allow the contents to flow out. When the entire urethra is to be irrigated, the anterior portion is first washed out as above, then the irrigator is raised to a pressure height of $1\frac{1}{2}$ metres, the nozzle pressed firmly against the meatus and, as the urethra balloons out, the patient, on feeling a desire to urinate, is to make the effort to do so; this distends the entire urethra and the fluid passes back into the bladder. The patient should, of course, always empty the bladder before irrigation is begun.

The strength of the solution used varies between 1-4000 and 1-500, the more intense the reaction the weaker the weaker the solution used. In the abortive treatment, three irrigations are given the first day, two on the second day, and after that one every 24 hours. The length of time to effect a cure was from two to 28 days, with an average of seven days. The cases not treated by the abortive method were irrigated once a day, and required from four to thirteen days. The three unsuccessful cases treated thus were complicated; one with epididymitis, one with hypospadias, and one with vesiculitis.

The freshly inflamed mucous membrane returns to normal, but where the inflammation is chronic and of long standing, the mucous membrane continues to secrete threads of pus after the gonococci have been destroyed.



THE TRIUMPHS OF MEDICINE.

First M. D.—Our patient is pretty low, isn't he doctor?

Second M. D.—Well yes; but not so bad as he was this time last year.

First M. D.—Oh, my, no!

The Times and Register.

VOL. XXVII. No. 14.

PHILADELPHIA, APRIL 7, 1894.

WHOLE No. 813.

Original.

REPORT OF TWO CASES OF NEPHRECTOMY.

BY ERNEST LAPLACE, M. D.

Professor of Surgery, Pathology and Clinical Surgery, Medico-Chirurgical, Philadelphia and to the Medico-Chirurgical, Philadelphia and St. Agnes' Hospitals.

PYELO-NEPHRITIS IN A FLOATING KIDNEY; Nephrectomy; Recovery.

The first case, G. H., aged 54, presented herself in the Medico-Chirurgical Hospital, complaining of a tumor in the right lumbar region, somewhat movable, painful to the touch. Her urine was very foul, and contained a large amount of pus. She related that two years ago, after experiencing a sudden pain in the right lumbar region she felt a tumor moving about the abdomen. Since then it has become less movable, but has enlarged to the size of a child's head and is quite painful. The patient is exceedingly emaciated, and has night-sweats and nocturnal rise of temperature to 102 degrees. Diagnosis of pyelo-nephritis being made, the patient was put to bed and prepared for nephrectomy. One-twentieth of a grain of strychnine was injected hypodermically three times a day; daily warm-water baths for a week; general tonic treatment.

On July 18, after having somewhat improved, the operation was performed. The lumbo-abdominal incision was made; starting from the middle of the costal arch on the right side, a straight incision was made to within two inches of Poupart's ligament, this being somewhat longer than the apparent diameter of the tumor. The intestines were found matted together and adherent to the posterior wall of the peritoneum. After dissecting these off with the fingers, the posterior peritoneum was incised and the

tumor found intensely adherent to this. It was difficult to ascertain exactly where the tumor proper began, inasmuch as the post-peritoneal cellular tissue had become quite dense from chronic inflammation. This tissue we dissected with the fingers, and a considerable amount of oozing took place. This was checked by constant packing with dry iodoform gauze as we proceeded with the dissection. Getting near the pedicle, this hemorrhage became more and more profuse. It was impossible to ascertain the exact dimensions of the pedicle. Having isolated the tumor in this way, the adherent pedicle was grasped with two large forceps and the pedicle was cut between them, removing the tumor. The end of the pedicle was then dissected and the ureter ligated by itself, the remaining vessels ligated, and finally one large, stout ligature applied around the whole mass. The ligature was cut short and the stump dropped back into the cavity. The oozing spoken of above continued; in order to check this, about two yards of iodoform gauze were tightly and densely packed into the cavity left by the removal of the tumor, effectually replacing the amount of tissue removed in the operation.

The posterior peritoneum was not sutured; one end of the iodoform packing was brought out through the abdominal wall for drainage. Two sutures were applied to the abdominal wall, one at the superior extremity of the wound, and the other at the inferior extremity of the wound, the remainder of the incision being left open so as to insure perfect drainage. A large amount of cotton was placed over the wound, in order to increase the amount of pressure upon the bleeding parts by means of a tight abdominal bandage. This effectually

stopped the oozing. The dressing was not removed for seventy-two hours, though the cotton on the abdomen was thoroughly saturated with sero-sanguineous fluid. A dense packing of iodoform gauze was then reapplied. Seventy-two hours after this the same procedure was resorted to. On the twelfth day, as the patient showed every sign of constant improvement and as the oozing had ceased, two more stitches were applied to the abdominal wall, one at each extremity of the wound. It was quite an easy matter then to introduce a forceps with a pledget of gauze to the bottom of the wound to further dry it of exudation. When this had entirely ceased, a permanent dressing was applied, and the remainder of the incision in the abdominal wall was allowed to granulate and close.

As soon as the patient recovered from the ether after the operation, a saline purgative, consisting of half an ounce of Rochelle salts, was given. This was repeated every second day during the after-treatment. As a result, at no time did she complain of any abdominal pain, nor did her temperature rise at any time above $99\frac{1}{2}$ degrees. One month after the operation the patient left the hospital entirely well. She continues to visit us once a week, showing at each time continued improvement; has gained since the operation twenty pounds in weight. On examination of the kidney it was found to have been transformed into a large purulent sac, and at the pelvis of the kidney many phosphatic calculi were found.

Remarks.—From the above case we may infer:

1. The absolute necessity of immediate removing such an objectionable mass as a purulent kidney, especially when its presence is a source of pain and a continued drain upon the general system by creating a secondary cystitis.

2. The advantage of using the fingers to dissect away such an intensely adherent mass as this kidney was, from the peritoneum, resulting in less hemorrhage, and being altogether attended with less danger than would occur with any other instrument for the purpose.

3. Having removed the mass and being confronted with a large oozing surface, we should immediately use compression. In this case as much as two yards of iodoform gauze were found necessary to thoroughly compress the oozing surface and drain the wound.

4. The entire harmlessness of leaving the abdominal wound open when it is necessary to obtain thorough drainage. In our case we found that no evil result ensued from such a procedure, but, on the contrary, enabled us throughout the after-treatment to have perfect control over the wound, being able to inspect it at our pleasure. This, of course, is provided that we proceed with all the aseptic precautions which the gravity of such an operation demands. The abdominal opening was quite large enough to enable the introduction of our hand to the original seat of the kidney, and large enough to enable us, by compressing the outer edge of the wound, to drain the cavity of whatever remnant of fluid might have been left in it.

Finally, we wish to add our testimony to the great advantage derived from keeping all patients after laparotomy under the continued action of a saline purgative, which, to our mind, is the completion of the perfect application of the principle of drainage in surgery—i. e., internal or intestinal drainage—while on the other hand our surgical measures provide the external drainage. Suffice it to say, that after the operation the very unpleasant odor that always surrounded the patient disappeared, and likewise the secondary cystitis.

FLOATING KIDNEY, GIVING SYMPTOMS SIMULATING CHRONIC DYSPEPSIA; NE-PHRECTOMY; RECOVERY.

S. A., aged 24, had for the last six years suffered obscure pain about the abdomen, and could not retain any amount of food. Constant nausea and mental depression had caused great emaciation. There was a family history of tuberculosis, though at no time did she show any symptoms of this disease. Upon examination, a movable tumor was detected in the left hypochondriac region, and upon palpation considerable pain was elicited. The tumor could be brought to the umbilical region. A diagnosis of floating kidney being made, and the condition having existed so long, it was determined that the organ had undergone degenerative changes, and that it therefore required extirpation.

Making a median incision, the kidney was reached without difficulty. It was found loose behind the mesentery, and attached to a pedicle no less than three and a half inches in length. It seemed

to have twisted upon its pedicle, lying crosswise, and appeared quite waxy in color. A double ligature was applied; having transfixed the pedicle, the ureter was ligated separate from the renal vessels. The symptoms were relieved and the case progressed to an uninterrupted recovery. To-day, eight months after the operation, the patient has gained twenty pounds, eats heartily, and is free from any inconvenience.

The pathological examination of this kidney demonstrated that it was exceedingly anemic and yellow. The cortical substance could scarcely be differentiated macroscopically from the medullary. The pelvis was somewhat contracted and contained no urine. The capsule was intensely adherent. The microscopical examination showed great fatty degeneration of the Malpighian tufts. The epithelial cells had considerably disintegrated and were granular. In many places the nuclei could not be detected. The capillaries along the tubules were atrophied and granular. Finally, it was evident that the organ had long since been starved to death from an insufficient supply of blood, due to the twisting of itself upon its pedicle after it has loosened itself from its attachments. It soon underwent the fatty degeneration. It therefore contributed in no way to the elimination of urea at the time of the operation, thus explaining the absolute ease with which the patient recovered. The symptoms were, therefore, strictly mechanical and reflex from the movable tumor.

SKIN DISEASES AT VARIOUS AGES.

Man is liable to skin diseases at any period of his life, but age has a certain influence on their nature, development and modifications; just as the skin itself changes in character at various epochs, besides its continuous process of throwing off and renewing.

At its very birth an infant may be afflicted with cutaneous disease, in the form of *nævus materna*, *sclerema*, *ichthyosis congenita*, congenial cysts, etc., and scarcely has it quitted the breast when the skin begins to suffer from a multitude of infirmities. The whole scalp may be tormented by infantile eczema, or

pruritis, and may be covered with crusts and scales. The epidermis may break behind the ears, and give exit to a sanæous discharge. Some infants have their lips lined with aphthæ; others have the face disfigured by yellow vesicles, and this is the age most favorable to erythema, roseola, *rupia escharotica*, *strophulus* and infantile pemphigus. The head is the most frequent point of attack at this period.

Next come the various eruptions occasioned by dentition, and irritation of the mucous lining along the digestive tract, followed in still later childhood by stomatitis, *cancerum oris*, *seborrhea*, *tinea*, *miliaria*, *impetigo*, *urticaria*, *lupus*, warts, boils and chilblains, besides the specific eruptions of the exanthematous fevers common in early life.

In a little while the age of puberty develops, and almost everything in the economy changes. The skin loses its childlike mucous color, and its exhalations savor more of the animal. Then may come *acne*, *comedones*, *eczema*, *herpes* and *erysipelatous eruptions*, and the skin may be mapped out with pimples and blotches of a more or less phlegmonous character. The face, chest and shoulders are often the chosen sites at this period.

As the years pass on to full adult life affections of the skin lose some of the virulent activity they displayed in the ardent temperament of youth. The integument becomes coarser and less sensitive, the perspiration is sluggish and the individual is subject to *corns*, *lichen*, *sclero-derma*, *psoriasis*, *pompholyx*, *ecthy-ma*, *carbuncle* and *keloid*. At this period many skin diseases affect the lower parts of the trunk.

Lastly, when old age is reached, the skin does not experience the same changes to which it was accustomed in earlier days. Its vital properties are diminished and in abeyance; the superficial vessels become tortuous and varicose; the cellular tissue withers; the skin itself becomes dry and thickened, sometimes branny, perhaps *tuberculosus*; and ulcers, tumors, *sebaceous cysts*, *prurigo* and *gangrene* are liable to make their appearance. At this period the lower extremities are the most prone to the cutaneous affections of senility.

LOUIS LEWIS, M. D.

TRIKRESOL.

THE PREPARATION OF CRESOLS AS A
DISINFECTANT FOR HYGIENIC AND
SURGICAL PURPOSES.

BY DR. O. LEIBREICH.

Translated from *Therapeutische Monatshefte*,
Jan. 1894.)

The advantages and disadvantages of carbolic acid are sufficiently well-known to warrant the search for substances free from its poisonous properties, that still retain its utility. Those compounds in close chemical relationship to carbolic acid were the first investigated. The nearest homologues of carbolic acid are the cresols, which are also obtained from coal-tar, together with carbolic acid, and numerous other products. As represented by chemical formulae, in which one hydrogen atom of carbolic acid is replaced by a methyl group, it is evident that there are three possible isometric modifications of the cresols. These three modifications of the cresols are all known, and are called respectively ortho-cresol, meta-cresol and para-cresol.

The preparation of these bodies in a pure state is an extremely difficult operation, the principal difficulty consisting in their separation from each other when mixed, as their boiling points are very close. Ortho-cresol boils at 180 degrees C., meta-cresol at 201 degrees C., and para-cresol at 198 degrees C. It is indeed possible to prepare them individually by the action of nitrous acid upon the corresponding toluidines or from the toluene sulphonic acids, in the same manner as carbolic acid is prepared from anilin, or for benzene sulphonic acid. Further ortho-cresol is obtained alone from camphor, meta-cresol from thymol, and para-cresol from the decomposition profuncts of animal secretions. None of these methods are, however, sufficiently simple to admit of their economical application for the production of a medicinal product.

The preparation of the three mixed cresols in a state of chemical purity must therefore be regarded as a great advance in chemical technology. The choice of the name trikresol for the mixture of the three pure chemical compounds is extremely fortunate as compared with the

hyperfantastic and irrelevant nomenclature usually indulged in.

In the crude carbolic acid, erroneously called 100 per cent. carbolic acid, the cresols are contained together with other bodies. The great disinfectant value of this product is undoubtedly due to its percentage of cresols. It has been attempted to bring this so-called 100 per cent. carbolic acid into a condition of practical utility by the addition of resin soap as solvent. This preparation, known as creolin, yields a milky solution when mixed with water, but the lowered percentage of disinfectant ingredients, especially of cresols, and the irritant qualities of the solution of resin soap have placed certain limits on the use of this preparation. Solveol is a solution of the same product in sodium cresotinate. The solvent possesses no great disinfectant properties, and the composition of this preparation is as liable to variation as the former.

Solutol has a similar character. Lysol is a solution of 100 per cent. carbolic acid in soap solution. All these preparations have found useful employment in medical practice, but their use must be considerably limited by variation in the percentage of cresols or by the presence of deleterious by-products. These facts are apparent in the diverse results obtained with them by different experimenters.

The preparation of the cresols in a pure state demonstrates, however, that no special solvent is required to make an aqueous solution. The pure cresols dissolve alone to the extent of 2 to 2.5 per cent. in water at ordinary temperatures, and a $\frac{1}{2}$ per cent. solution suffices as a rule for external application, although the strength can be increased to 2 per cent. as occasions arise. The cresols are indeed only insoluble when contaminated with either liquid or solid hydrocarbons, as is the case in the so-called 100 per cent. carbolic acid. According to the interesting experiments of Grubner, a 1 per cent. aqueous solution of the cresols answers to all surgical requirements. This new product is therefore an important discovery, because it is now possible for medical men to prescribe trikresol in a series of preparations of constant composition, which were formerly only obtainable as specialties under various names and of uncertain composition.

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PHILADELPHIA, APRIL 7, 1894.

KILLED BY KINDNESS.

The maternal instinct is the noblest one of poor human nature, but like all good things most disastrous in its abuse. The mother who watches day and night over a sick infant is the very mother who will give her child some food which she knows will insure a fatal issue to the illness, and all because she is too "kindhearted" to refuse.

How common is it in the experience of physicians attending on cases of cholera infantum to find a sudden and fatal relapse—because the patient has eaten a banana, for instance. Have we never had cases of typhoid, apparently progressing satisfactorily, suddenly terminate with an intestinal hemorrhage—the result of beefsteak, given in spite of repeated warnings because the patient asked for it or felt weak and in need of something nourishing?

Has it not been our lot to return to a convalescent broncho-pneumonia and find everything wrong and our patient poisoned with squills, because of the mother's mistaken kindness and anxious solicitude for the rapid recovery of her infant?

It is not well to superciliously reject poisoning, from some patent expectorant—given without our knowledge, it

may be, but dictated by high motives on the poor mother's part?

It is not well to superciliously reject the suggestions which she may make as to treatment, but it seems necessary to warn poor women that they often do more harm than the disease from which their child suffers, and to strenuously insist that nothing shall be given without your consent.

Furthermore, write down your orders both as to diet and medicine and tell the mother that if she will only ask your opinion before venturing to depart from your written directions that you will discuss such a departure freely and frankly with her, and if it will be of advantage even in the smallest degree you will aid her in carrying out the new plan intelligently and to the best of your ability.

In this way you can secure her confidence, without which you are powerless, and you will have fewer unpleasant surprises from mistaken kindness.

A NEW TREATMENT FOR CANCER.

Dr. Mortimer Grenville, a noted physician of London, reiterates his assertion that "papain, in conjunction with the iodide of thalline, or tetrahydroparamethyloxychinoline, is beneficial and even curative in the treatment of cancer of the scirrhus type."

He now states that "the benefit is due to the thalline rather than the papain." Tumors have disappeared under this treatment and have not relapsed, and he believes that they were malignant, though some cases of malignant ulceration of the uterus have not received benefit. He believes he has cured malignant cases, especially some recent ones, in which the growth has diminished and disappeared in a remarkable manner. He has given periodotetrahydroparamethyloxychinoline in four grain doses, with a grain of musk (to prevent the prescriber from fainting) every second or third hour of the day throughout the treatment, and nothing else.

Dr. Grenville attributes his success by this method to the destruction of the locally proliferating and wandering leucocytes.

Leucocythemia, gout, osteo arthritis and cancer are different developments of the same initial fault, namely: Aber-

rant growth and multiplication, with morbid activity of protoplasmic leucocytes, showing a marked increase in the output of uric acid, due, he believes, to the augmented metabolism of leucocytes, whence uric acid has its source.

At all events, he urges practitioners to try his method in well-marked cases of carcinomata, as it is harmless and may possibly do some good.

In diseases like cancer no doubt many physicians will be only too pleased to try a new agent in the hope of ameliorating this dread disease, but if we are to prescribe this drug by its technical name our prescription blanks will need to be expanded. However, we expect the drug may continue to be called "iodide of thalline" for short.

HOW SHALL WE SPELL?

Any one who reads manuscripts for the press becomes aware that uniformity of spelling does not prevail among contributors. Of course bad spelling must be counted out altogether; that is simply a literary sin. The good old days when every man spelt according to his eye or ear have gone by. For instance, Henry V. of England wrote on a piece of paper, which may be seen in the British Museum: "Wherefore I wolte that the Duc of Orlans be kept stille within the castil of Pontfret with owte goying to Robertis place; for it is bettre that he lak his disport than we were deceived." That was king's English in the twelfth century. Chaucer's spelling shows what liberties a great poet could take with orthography in the fourteenth century. I open the "Canterbury Tales" and quote the first lines my eyes fall upon:

"For half so boldely can ther no man
Swere and lye as a womman can."

So said the "Wyf of Bath." But there were worse spellers than this poet of Richard the Second's. They grow worse and worse as we read backward toward the oldest English, which becomes as unreadable as a dead language, largely through the strangeness of the spelling. From this fact it must be concluded that fashions in orthography have changed as often as fashions in dress, with the added feature that before the days of dictionaries every man could vary the prevailing fashion to suit himself. But for one hundred and forty

years there has been no excuse for this personal variety in spelling. Dr. Johnson set the standard in 1755 for his own time, and as fast as there has been a change in orthography for good and sufficient reasons, lexicographers of acknowledged ability have made note of it. In our own day we have "Worcester" and "Webster" as books of easy reference, with "The Century Dictionary" as a more voluminous work, and one or two enterprises not completed. If it be asked which authority one is to follow when these doctors of letters differ, the writer can answer only for himself by saying that his own preference is for Worcester, although one will not go greatly amiss in the use of the last edition of Webster, his arbitrary theories of spelling having been largely expunged by recent editors.

A worse theory is that of the would-be reformers, who hope to improve orthography by the phonetic, after the manner of those kings who were a law unto themselves in word making, as in other things. The very diversity in pronouncing the same word in different parts of the country knocks this proposal in the head.

I have often heard "skool" and "skewl" from scholars in the North and from the South; "stew" and "stchew" from men of equal attainments. Call one of these a provincialism; but which one? And, then the relief which might come from spelling such words as "read," "red," to distinguish the past from the present tense, is somewhat diminished by mistaking reading for a color in combinations of words that might occur, as for example, "you red man; you should have read bird." Does an Indian lurk in this phonetic sentence? Besides, the phonetic advocates have been obliged to construct a new table of letter values which must be learned in order to read such English as the following: "Hwail dhis muvmant waz going on among dhi scholarz, anudher strim ov influenz tuk its rais among techerz." New types also must be cast for letters that the ordinary fonts do not contain and that are not shown in the above quotation.

No doubt there is need of reform in spelling English words, if we wish to write them with the fewest possible letters, but, as heretofore, the reform must be gradual. Not even the "independent" can thrust "tho" and "catalog" on the pens of scholars by a per-

sistent erasure of contributor's manuscript. Nor will a certain new dictionary, now making in the interest of phonetic spelling, do more; for it is good usage and not a theory that controls style of every sort, pronunciation, spelling, writing, manners, and dress. It is sufficient for the ordinary man to conform to the custom of the best without attempting something better. It takes more than one man or one knot of men to hasten or retard the steady growth of so vast an organism as the English language.

Meantime it is the business of any man who contributes to a paper to know that he has spelled his words correctly and not to make the printer and proof-reader his spelling-book. If too lazy to turn an "unabridged" let him get a pocket vocabulary and stick to common words, which are best for ordinary use.

L. S.

PHILADELPHIA BOARD OF HEALTH IN RELATION TO CONSUMPTION.

The Sanitary Committee of the Board of Health of Philadelphia offered the following resolutions relative to consumption:

Resolved, That the proposition to officially register all cases of tuberculosis be postponed for the present.

Resolved, That circulars containing rules for the prevention of the spread of tubercular consumption be prepared published and distributed.

Resolved, That the physicians of Philadelphia be earnestly requested to co-operate with the Board of Health in the distribution of these circulars of information, making it an invariable rule to supply every family in which tubercular consumption exists with such a circular; and further, to notify the Board of Health promptly whenever disinfection is required.

Resolved, That whenever a certificate of death from tubercular consumption is returned to the Health Office, a medical inspector visit the house where such death has occurred and satisfy himself that thorough official or private disinfection has been performed.

Resolved, That all cases of tuberculosis that may be reported to the Board of Health be entered in a book kept for the purpose, in like manner as other cases of contagious diseases are recorded.

Correspondence.

Editor of the "Times and Register:"

In your last issue you say: "The Dispensatory of the United States, has introduced the metric system exclusively. That this change involved the uprooting of a system of weights and measures which has been in common use for centuries." Why should they have done so? Are we obliged to follow the French system in order to remove the confusion caused by the great diversity of weights and measures by different nations? Should the U. S. D. not have been mindful of Americans first? Do they not owe Americans the first duty? Is there anything to the average adult more difficult and tiresome than to unlearn that which he learned in his youth? Are we not distinctively Americans? Is there any other country on the globe that counts money as we do? Suppose the fiat should go forth from our government that the Americans should use the money methods of France?

Then why should we drop into desuetude the system that is American and which we have used since our republic began?

The U. S. D. has made a mistake. But then we practitioners have little use for it any more; it is too slow. Once in ten years will not satisfy a hungry and thirsty longing for a rapidly progressive profession.

March 23.

EDWARD CASS, M. D.

Dresden, O.

(Probably no one would exchange our system of money equivalents, our measures for those of the French or English. We grant ours superior. If we see in medicine the same basis of measures, why should we tenaciously hold on to the old English system? Naturally the older medical men will not like it, but when we can use it as freely as we do our decimal system of money, we will see its utility.

Ed. T. & R.)

FOR HABITUAL CONSTIPATION.

		Grams.
R	Ext. belladonnae	195
	Ext. nucis vomicae	195
	Ext. ergotae	780
Divide into 12 pills. One every night.		
L. LEWIS.		

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

TUBERCULOSIS ACCORDING TO PROFESSIONS AND DWELLING-PLACES.

Lagneau says that mortality from tuberculosis attains its maximum in the sedentary professions (400 deaths per 1000). In large cities the mortality is about twice what it is in towns of less than 100,000 inhabitants, and nearly three times greater than in towns of less than 5000 population. The density of the crowding is not less important than the crowding itself.

Le Progres Med. E. W. B.

HABITUAL CONSTIPATION AND ITS TREATMENT BY LARGE INJECTIONS OF OIL.

Kussmaul introduced this treatment, which has proved servicable in many cases. Chronic constipation occurs under two forms, atonic and spasmodic. The former is specially seen in elderly people, in whom it is due to weakness of the muscular coat of the bowel, resulting in atony, and producing accumulations of gas, with distension and a catarrhal condition of the large intestine with scybalous feces. Here dietetic means and simple laxatives or injections are generally sufficient.

It is otherwise with spasmodic constipation, as seen in neuropathics, hypochondriacs and in women with uterine disease. This form is due to the retention of solid fecal matter, which brings about permanent spasmodic contraction. A characteristic is the form of the feces, which are always hard, small and lumpy or cylindrical. A variety of constipation shows the lower part of the bowel in a state of spasmodic contraction, while the upper part is distended with gas from atony.

Therapeutically, the distinction between these forms is of importance, for treatment successful in the one is entirely negative in the other. In the spasmodic variety, the use of narcotics, such as belladonna, hyoscyamus, etc., are sometimes successful, but oftener fail.

But, in the use of injections of oil, we have a powerful means of overcoming this condition. The injection consists of 4 to 5 hundred grammes of oil (12 to 16 ozs.), passed slowly during 15 minutes into the bowel. The oil must be pure and the injection practiced in the recumbent position. In inflammatory or ulcerative conditions of the bowel. Fleinir adds from 1 to 2 per cent. of salicylic acid.

—La Rev. Med.

THE INSPECTION OF THE URINE AS A MEANS OF DIAGNOSIS.

Peyer, of Zurich, calls attention to the important information to be obtained by this means. The characters which will serve to give information are color, odor, limpidity and opacity.

Normal urine has a yellow color, with a more or less pronounced tint of red. Urine is often very pale yellow, or almost decolorized. When this occurs without following and being due to excessive amounts of liquid drunk it is due to nervousness, and indicates at once that the patient is not attacked with a febrile disorder. When only transitory it indicates a functional disorder of the kidneys, very common in nervous and hysterical persons.

When of long duration, and diabetes can be excluded, it may be considered as due to some reflex affection provoked by genito-urinary disorder and due to a condition of anemia or some organic disease of brain or cord.

Strongly-colored urine may follow excess in eating or drinking, abundant perspiration; it may also be due to blood, bile pigment, etc., etc.

Normal urine exhales an odor similar to that of "bouillon." In cystitis it becomes ammoniacal. Drugs give different odors, such as produced by copaiba, turpentine, asparagus, etc.

But of all the particular odors, that due to bacteriuria is the most pathognomonic. Normal urine is, when emitted, generally limpid. It may after standing a short time precipitate urates. This is seen after meals during febrile states; also, an excess of phosphates may be a cause of opacity and a sign of disease of the genito-urinary organs. Mucopurulent deposits often perceptible to the naked eye are generally due to cystic affections.

The diagnostic sign of bacteriuria consists in opacity, which does not disappear by filtration. Opalescence, when the urine is viewed by transmitted light, is often a sign of irritation of the urinary organs produced by incomplete sexual connection, masturbation, or by neurotic disorders; in woman it is often the index of vaginal or uterine leucorrhœa.

—Rev. Med.

OPEN AIR FOR PHTHISIS.

In a communication on the mortality of tuberculosis, as connected with profession and mode of living, M. Lagneau has clearly shown the harmful influence of dust and insufficient air supply, the first conveying the contagion and the second preparing the soil.

The figures with which he supports his opinion are weighty, but nevertheless in our opinion there exist other factors not less efficient, and not sufficiently noted.

This opinion has been formed by the results of personal investigations for several years on two groups of prisoners, equal in numbers, and submitted to the same moral influences, and the same dust; one group living as a community and having access to the open air, while the other group was kept in cells.

Contrary to expectation the latter group furnished fewer cases of tuberculosis than the former, explained, perhaps, by the former group, being more exposed to dust containing germs carried by the air.

Regarding the different professions, deaths from phthisis are numerous among workers exposed to dust. In Switzerland, stone cutters show a mortality of 10 per 1000. In England, cloth makers, or woollen workers, show 340 per 1000 deaths. Sedentary occupations also show a great mortality.

On the contrary, statistics agree in showing that phthisis only exceptionally manifests itself in persons living in the open air, and following an active occupation. Farmers, gardeners, shepherds, etc., have only a small mortality from this cause.

In France, statistics prove that in general agglomeration of the population shows proportionate increase of mortality from tuberculosis.

—Rev. de Therap. Med. Chir.

ABORTIVE TREATMENT OF GONORRHEA BY PERMANGANATE OF POTASH.

Large injections of permanganate of potash methodically used is the best method of treatment yet introduced. Its advantages are, being absolutely painless in cases of anterior arthritis and scarcely painful in cases of inflammation of the whole tract; it can be commenced or left off without inconvenience; it has no detrimental action on the mucous membrane, but suppresses

every trace of discharge from the first lavage, and is successful in 11 times out of 15—about.

The size of the injection, and its frequency and strength, must be adapted to individual cases. With reference to their reaction, generally strengths of 1 to 4000 or 1 to 2000, or even 1 to 1000 are tolerated.

—Revue de Therap. Med. Chir.
E. W. B.

HOW SHOULD WE TREAT GONORRHEAL ORCHITIS?

BY HENRI PICARD.

In answer to this question I shall not speak of disinfection of the deep urethra by injections, although it may be the first requisite—neither shall I mention the use of a suspensory, since it is obligatory, during the existence of a urethral discharge; but will inquire, "What symptom shall we recognize as the sign of a threatening orchitis?" Beyond the hypogastric uneasiness, the dragging pain in the testicles, there is a sign, less striking, but of more important and anterior value, the difficulty of going to stool.

Every patient with orchitis is, or has been, constipated for several days. This is an almost universal rule, and requires the use of purgatives to prevent the compression of the rectum by feces, and in consequence compression of the hemorrhoidal and periprostatic veins, which bring in their train congestion of the genito urinary organs.

The drastics should not be acid, but salts and castor oil or magnesia should be employed. If constipation persists injections may be used. Conjointly rest in bed, the scrotum supported. Teas or drinks of an emollient nature, baths, general or hip; and for pain salicylate of soda, or antipyrine.

If swelling and congestion are very great, leeches may be used over the course of the spermatic cord.

For induration resulting, iodide of potassium is the best remedy. It should be given as soon as possible, and in doses of about 30 grains per day until all the induration has gone. Strapping the testicles is also a powerful means of resolution.

—La France Medicale.

The French Academy of Medicine advocates placing tubercular phthisis on the list of diseases which are to be reported to boards of health.

Therapeutics.

Under the charge of LOUIS LEWIS, M. R. C. S., Philadelphia.

ANGINA PECTORIS.

It has generally been believed until recently that the cause of angina pectoris is due to atheroma or ossification of the coronary arteries, but we know that condition often exists where there is no angina, and that it is found independent of either atheroma or ossification of the coronary arteries or fatty degeneration of the heart muscles. These conditions of the heart and arteries have been shown by recent investigations to be the result, rather than the cause of angina.

Almost every physician, if he recalls cases which have suffered from this terrible malady, will remember their attention has been called to the purely spasmodic type of the disease before there was any apparent indication of heart trouble.

Anyone who has witnessed the frightful spasms of pain when the pallid face and the scarcely perceptible pulse showed the fearful nature of this heart convulsion, a convulsion in which the fearful pain in the chest and the vise-like grip on the heart seemed to be crushing out life, can readily understand why the loss of tone in the heart and blood vessels and their degeneration should be secondary to the disorder of the nerves of the heart, which regulate the tension of arterial circulation.

We should expect to find this disease more intimately associated with aortic regurgitation than with lesion of any of the other valves of the heart, because with its persistent to-and-fro movement the blood is too restless to be appropriated, and the nutrition of the arterial walls and the nerves suffer in consequence. In large cities, where men live out of town, the hurrying to reach the cars is one of the most fruitful causes of angina, followed by positive heart disease, especially in persons of a gouty or rheumatic diathesis. Uric acid is almost always present in these diseases, and the arterial tension varies with the amount of uric acid circulating in the blood.

Dr. Haig, whose experiments on himself are of great practical value, found

in his own case that mineral acids diminished and alkalies increased the uric acid excretion. By diminishing the alkalinity of the blood he could free it from uric acid, relax the arterioles, quicken the pulse, relieve constriction of the heart and pain in the head, while, by increasing the alkalinity of the blood, he could flood it with uric acid, slow the pulse, producing sluggish circulation in the brain, with the attending symptoms of heart and nerves.

We know the blood is less alkaline when the body is doing active work, and reaches its highest point of acidity about midnight or in the small hours of the morning; at the same time, also, and from the same cause, the pulse tension is the highest. The action of the uric acid through the blood upon the nerve centres explains why all nervous disorders are apt to be worse in the morning, and why angina pectoris, which is peculiarly a disease of the vasomotor nerves, is more likely to be roused into fearful action at that time, the presence of uric acid being like the touch of the whip to the restless horse.

Understanding the intimate relations between the brain and the heart, through the vagi on the one hand, and the sympathetic nerve on the other, we can see how the influence of the mind in strong emotion or mental shock may bring on a serious paroxysm in those predisposed to the attacks. As to the cause of the pain, we have seen no better explanation than that of Brunton, that it is generally due to the weakness of the heart, in proportion to the resistance it has to overcome. The muscular fibres are thrown into a state of spasm, as they are made to contract in their weakness against a resistance which it is difficult to overpower, and the pressure which ensues gives rise to excessive pain.

In our treatment we aim, of course, to relieve the arterial tension arising from blood pressure. One of the most active agents during the attack is amyl nitrite. Dr. Brunton, in his experiments on animals, showed that amyl nitrite relieved the blood pressure, not so much by weakening the action of the heart

as by dilating the large and small blood vessels, and that, in all probability, this dilation is produced through the influence of the vaso-motor nerves; this, together with the tracings, having showed that angina pectoris was caused by a spasm of the circulatory organs.

In addition to amyl nitrite, sodium nitrite and nitro-glycerine may be used in the spasms, also hypodermic injections of morphine, atropine and strychnine. Galvinism may be of use, also arsenic, quinine, phenacetin and anti-febrin in strengthening the nerve tone of arterial circulation.

One of the most painful cases of angina pectoris I ever saw was not only relieved but cured by a dose of atropine, in which the patient, misunderstanding our directions, took three times the amount ordered, producing temporary blindness and deafness, but she never had another attack. There is no disease, which, in its general treatment, requires a more careful watch of nutrition and surroundings than angina pectoris.

—Ed., in N. Y. Med. Times.

LESIONS OF EAR, NOSE AND THROAT IN INFECTIOUS FEVERS.

All the general acute infectious fevers are accompanied by inflammation of the throat and nose, excepting in the case of cholera and dysentery. This inflammation may be of a mild type in most cases; very often, however, as in scarlet fever, it takes on a gangrenous or ulcerated form. In this affection secondary disease of the middle ear is also a frequent complication.

Epistaxis, a classical symptom of typhoid fever, is a result of the intense local congestion, and nasal stenosis is another symptom of the congestion, and the patient becomes a "mouth breather." The nasal secretions accumulate and become offensive, and the nasal respiratory function is improperly performed. Frontal headache is also a nervous reflex of the nasal congestion, in the early days of typhoid, and, secondary inflammations develop in the middle ear later on, generally in the second or third week.

Very often a flow of offensive pus from the ear is the first warning. In scarlet fever lesions of the throat are the most constant symptoms. We may have scarlet fever without eruption, but not without sore throat. Ulceration of

the tonsils is common enough. Secondary septic infection of the cervical lymphatics is the rule, the point of entrance for the germs being the ulcerated throat. Ear complications, resulting in deafness, are frequent.

In measles the characteristic is the early appearance of catarrhal symptoms—the rash appears first on the mucous membrane, then on the skin—and the liability to chronic inflammations of the upper part of the expiratory tract.

In the case of smallpox the lesions which appear as vesicles or pustules on the surface of the skin become ulcers on the mucous membrane, and there is danger of adhesion between adjacent surfaces during healing. Otitis media is an almost certain complication.

Erysipelas begins with enlarged tonsil, or with adenoid vegetations, which spread over the face. Facial erysipelas usually begins at the margin of the nares, probably from fissures caused by the irritating nasal discharge.

In septicemia the lesions affecting the upper air tract resemble those of typhoid, with a tendency to submucous suppurations.

In malarial fevers the complications are mostly in the nose and throat.—"Med. Reporter," Calcutta.

THE SITUATION OF THE APEX-BEAT OF THE HEART.

The apex-beat of the heart is most frequently found in the fifth intercostal space, though some foreign observers have placed it in the fourth. The apex tends to fall away from the chest wall when the patient is lying on his back. When in this position, if he rolls over on to the right side, the apex-beat may disappear under the sternum. If he rolls to the left the apex comes most closely into apposition with the chest wall.

On this account, and because when so lying the respiratory movements of that side of the thorax are limited, the last is the most convenient position for taking cardiographic tracings, the left arm being flexed, and the palm of the hand lying under the left cheek. The apex-beat is caused by the sudden hardening of the heart in contraction against its contents, and by the apex being thrown forward and upward as the heart rotates to the right, while the apex comes into a perpendicular with the basal openings.

—Dr. P. M. Chapman, ("Lancet").

Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., 665 Lexington Ave., New York.

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To give our readers the benefit of every advance step in electro-therapeutics, we invite the special co-operation of earnest, painstaking investigators, who are habitually too busy to write long and ambitious articles, but whose brief, pointed, practical records of cases would be full of value and interest. In this department we shall be glad to find room for our friends in this important field to report their experiences, discoveries, inventions and original ideas.

Address these contributions to "Electro Therapeutics," "Times and Register," 1725 Arch street, Philadelphia.

ELECTRICITY IN GENITO-URINARY DISEASES.

Dr. G. Betton Massay (University Medical Magazine) says the new methods of electrical application which have attracted such universal attention in the diseases of women have not been generally applied to men.

The age of accuracy in electro-therapeutics appeared only about eight years ago, while nearly all of our literature on genito-urinary electro-therapeutics is much older.

No Apostoli has thus far appeared to guide us to the great truths undoubtedly hidden in the possibilities of electric energy scientifically applied to the prostates, seminal vesicles, vas deferens, and testicles—the analogues of the uterus, tubes and ovaries.

Another and more important reason for lack of advancement in the genito-urinary electro-therapeutics of the male is the surgical air and infection of the day, which leads the physician to look for stricture rather than glandular, muscular or nervous disease.

Far more information can be gained of the condition of the prostate by the rectal touch than by explorations of the urethra, and I am inclined to think that the male urethra has been about as much abused in this way as the uterus was some years ago by rigid sounds and stems.

The recent enormous increase in the expertness of the gynecological finger within the vagina and rectum point to largely unused means of information in male diseases, by which the many abnormal conditions of the prostate, the vesicles and ducts may be explored by the rectum.

The same avenue is peculiarly well adapted to the interpolar and modified polar applications of electricity, the insensitiveness of the rectum permitting really enormous current strengths to be passed through the diseased parts.

The field of electricity in the various conditions of the male organs is peculiarly apparent to the physician familiar with its recent applications in the diseases of women. As a remedy for a chronic catarrhal inflammation of a gland there is nothing superior to the local action of the galvanic current.

The negative pole may be applied to the prostatic urethra by means of olive-pointed sounds, properly insulated, or by converting a prostatic-curved silver catheter into an electrode.

This latter is especially useful in indicating the neck of the bladder by the flow of urine. The positive pole is, however, best when small currents of five, ten or twenty milli-amperes are to be used, and is best applied by converting a red rubber catheter into an electrode by winding No. 30 platinum wire around the end, back of the eye, until a half-inch surface is made, the end of the wire being carried through the wall of the tube and brought out in the tube to attach to the conducting cord. The other end of the wire remains as a knot within the tube. If the application is continuous for three to five minutes, five to eight milli-amperes is sufficient. The applications should rarely be made oftener than once a week. The insertion of an electrode into the urethra is never warrantable for the purpose of applying faradic currents, which are equally well directed to the same parts through the rectal wall.

Rectal applications of the galvanic current are usually sufficient for most cases of deranged function and

incipient enlargements of the prostate.

The active (negative) electrode is an olive-shaped ball, about the size of the index finger, mounted on an insulated staff.

This is pressed against the under surface of the gland.

In order that the bulk of the current may penetrate the prostate and its adjacent structures the indifferent electrode must be upon the abdomen, and should be fully as large and as good a conductor as that used in the Apostoli method.

The effect of proper treatment thus applied is but slightly unpleasant, and its power to cause absorption of effused and adventitious material and promote healthful contractions of non-striated muscle is very great. Shrinkage of the prostate itself is promoted by the conjoint use of the primary faradic or coarse-wired secondary faradic current, with the electrodes arranged as just described. By carrying the active electrode a little higher the method may be used as a powerful stimulus to an atonic bladder, which is so often found associated with prostatic enlargement.

A NEW ELECTRODE FOR CURRENTS OF HIGH INTENSITY.

The question of suitable electrodes for the administration of strong galvanic currents is one of the utmost practical importance.

In the "New York Medical Journal" Dr. A. D. Rockwell describes a clay-filled disc, made for him by the Kidder Manufacturing Company. He says: "Whenever it becomes desirable to influence by the galvanic current any internal organ or portion of the human body it is frequently necessary, in order to achieve the best results that electricity is capable of giving, to apply currents of far greater strength than those usually employed, and indeed greater than it is possible with the electrodes in common use, without producing injury to the skin and unbearable pain.

"Relative to metals, animal tissue is, of course, a poor conductor; but, as compared with the epidermis, it is an exceedingly good conductor, and therefore in making use of percutaneous applications of electricity to the human body, we need no resistance except that of its outer covering, the skin. Of the various conducting materials I know none so satisfactory in overcoming this resistance

as sculptor's clay. The comparatively slight resistance that the clay itself offers to the passage of the current must be attributed not alone to its moisture, but to the contained aluminium, which imparts to this material some of the conductivity of metal.

"The objection to clay is that it is dirty, and difficult to handle without soiling the clothes and person of both physician and patient. To overcome this difficulty and thus render available this most useful material for general electro-therapeutical purposes, I have devised the set of electrodes now described. They are made of hard rubber, may vary in diameter from one to five inches and the bottom of the rubber disc is lined with a plate of block tin. This is an important feature, since, with strong currents ordinary metallic conductors speedily become oxidized at the positive pole and their efficiency is impaired.

"Block tin for all ordinary purposes is practically non-oxidizable. When wanted for use the mold is simply filled to the edge of the rim, or a little beyond, with moistened clay, and we have at command an electrode which permits the application of very strong currents without discomfort to the patient.

"One who has been accustomed to use only electrodes of sponge, or absorbent cotton, or chamois skin will be surprised at the strength of current it is possible to administer with these contrivances. With an electrode of this kind, two inches in diameter, one can readily bear from seventy-five to a hundred ma., and on the well-known law that the greater the area the less the resistance, we have only to enlarge our electrode to obtain with the same electromotive force an increased current strength that is just as readily borne, since it is distributed over a large area."

AN ACCOMMODATING COURTIER.

The Queen mother of Louis XIV said to a pregnant lady, "Mon Dieu, you would do me great pleasure to be confined this month of August, so that you can go to Bourbon with me." The lady, returning home, told her husband that he had better send for the midwife, because she wished to be delivered the following night, so that she might not disoblige so powerful and so good a princess.

—Rev. Med.

Ophthalmology.

Under the Charge of J. A. TENNEY, M. D., 2 Commonwealth Ave., Boston.

MYDRIATICS

The writer was taught to direct a patient, whose eyes needed examination for spectacles, to drop a 1 per cent. solution of atropine sulphate into the eyes three times a day for a week, and then the examination would commence. By this time the ciliary muscle would be paralyzed to the centre of the earth, so to speak.

Some oculists would then give the full correction under atropine, while others would subtract one dioptré in ordinary cases of hypermetropia, and add a similar amount of glass in a case of myopia. If astigmatism were found the full correction was usually given.

Under this plan patients almost universally complained of their glasses. If they went back to their oculist, that individual, armed with theories and backed by the details of examination in his books, would advise the patient to persevere in wearing the spectacles until they became comfortable. Then the time the glasses would be worn would be proportional to the faith of the patient in the oculist.

In 14 years of practice the writer has never used atropine in this way in a single instance, regarding such practice as unscientific, not to say slipshod. But the works on refraction are still advising the use of atropine in all cases of ametropia.

We apprehend that in the future the best oculist will be the one who places least dependence upon mydriatics. Anyone with a small amount of optical knowledge can refract a paralyzed eye; but it requires skill to fit spectacles to an eye with active accommodation.

This is not a plea for doing away with mydriatics altogether. They are sometimes a necessity. Children with defective eyes, who are pushed to keep up with their classes in school, will often see with almost any glass for a moment, and not longer than a moment with any. In such cases a mydriatic must be used. The best one is hydrobromate of homatropine, in 2 per cent. solution. If it is dropped into

the eyes once in five minutes, for half an hour, at the end of an hour they will be ready for examination. The patient can read again in from eight to 12 hours; but the force of the drug does not entirely disappear in less than 72 hours.

The prescription for spectacles should not be given until the effect of the mydriatic has disappeared, and the eyes have been carefully examined again, to see how much of the correction can be given.

After the patient is 15 years old, a mydriatic is seldom necessary. The hypermetrope should be made myopic with a convex glass, and then fitted with concaves, until he can see 20-xx. The difference between the two lenses is the amount to be prescribed.

In myopia the weakest concave lens that will enable each eye to see 20-xxx should be prescribed. If either eye is made to see 20-xx it will be over-corrected, as a rule.

There is little use in administering a mydriatic in horizontal or perpendicular astigmatism. The hypermetrope should have the strongest convex cylinder he will accept, and the myope the weakest concave cylinder that will enable him to see 20-xxx with either eye.

In oblique astigmatism the axis found under atropine is not the one found after the effect of the mydriatic has disappeared in many cases. To trust to a mydriatic in such cases is to lean upon a broken reed.

The never-to-be-answered argument against this plan is that opticians will do the spectacle fitting. Well, they will do it any way. They will not stop because we try to make them think a thing is true when it is not. The truth is, the more opticians try to fit the eye, the more they will help the oculist. Being ignorant of the physiology of the eye, they will fail to give good results, and only educate the patient to go where he can get the best treatment that science can offer.

There are no secrets in medicine. Knowledge is free. But the time will never come when the man who gives his whole time and energies to an occupation will not stand more than an equal chance with one who has had only a partial preparation and a narrow experience.

J. A. T.

Miscellany.

TREATMENT OF CHRONIC RHEUMATISM.

DUJARDIN-BEAUMETZ.

The treatment of chronic rheumatism has always been obscure on account of several affections, which have nothing in common but chronicity, being confounded together.

These diseases may be grouped as follows:

1. Rheumatism characterized essentially by deformity of the joints, deforming or nodular rheumatism.

2. Articular rheumatism succeeding an acute attack and rendering the parts useless.

3. Multiple manifestations of rheumatism, chronic in character.

The first group is a special evolution of the disease; there is no acute condition and no heart complications. It attacks debilitated individuals, especially women; its march is progressive—a deformity once acquired is never cured, but steadily progresses.

The second division is not marked by deformity, but by dryness of the articular surfaces, producing functional loss of power. It is liable to accessions, during one of which heart symptoms may be noticed first. The third variety shows muscular pains, neuralgias, dermalgia—the rheumatic state which has received the name of chronic rheumatism.

Each of these groups requires a special treatment.

For the deforming variety nutrition must be kept up, best by use of arsenic and the iodides. Sometimes arsenic appears to aggravate the symptoms; then iodine and the iodides will be found to answer best.

The coal tar antipyretics and analgesics are sometimes useful, especially phenacetine.

To this medication must be added all the essentials of hygiene and alimentation, electricity, massage, etc. The treatment, however, is not very satisfactory.

In the chronic rheumatic cases, beginning with an acute attack and becoming localized in some of the articulations, the condition depends probably on its action on the cord.

There is, in fact, a great similarity between this sort of chronic rheumatism

and the articular deformities which Charcot described in cases of tabes.

Here the salicylates are of service as preventives and cures. External means—as electricity, massage, baths—are, however, the chief reliance, combined with regulation of the diet, approaching to vegetarianism.

In true chronic rheumatism (of the third group), the rheumatic diathesis, the salicylates, massage, baths, diuretics and laxatives, thermal waters and alimentary regulation are the best means for prevention and cure.

VARICOCELE.

Will you please give your most successful treatment for varicocele?

Is the injection treatment a success? If so, give formula and method of treatment.

—D. D. R.

(I prefer the ligature, though in some cases the more extensive operation of excision of the enlarged veins is necessary. For hydrocele, injections of Churchill's iodine have proved effectual, but in my unskillful hands all injections have failed. My best results were obtained by inserting a silver tube in the sac, and draining thus until the cavity was obliterated by adhesion.

W. F. W.

HISTORY OF FOUR WOMEN WHO REFUSED OOPHORECTOMY.

In each case the removal of the uterine appendages was insisted upon by gynecologists, and refused. The time that has elapsed since the refusal of the operation varies from eighteen months to twelve years, and all the women are now in excellent physical health and happy; two of them have since borne children. They are the only women I have ever known to be advised the operation and refuse it. In a practice of average size for twelve years I have had occasion to recommend the removal of the appendages once, excepting cases of ovarian tumors. Several of my patients have drifted into other hands and had oophorectomy performed, and, as far as I can learn, have been disappointed in the results each time. The best men in this special line of work are doing this operation less and less

each year. Their place is being amply filled by lesser lights, with smaller numbers of individual cases, but with a yearly aggregate that is terrible to contemplate.

—Atlanta Medical and Surgical Journal.

RABIES IN THE WEST OF SCOTLAND.

The authorities in Glasgow and in the county of Renfrew have at last proclaimed a three months' muzzling order for dogs, in view of the prevalence of rabies in Glasgow and in its vicinity. The order which has been issued states that dogs found at large unmuzzled and without a collar bearing the name and address of the owner will be destroyed. If this is done thoroughly the city should soon be rid of a multitude of ownerless and useless dogs, which are a source of danger not only to men, but to the canine race as well. The magistrates have acted upon the recommendation to send bitten persons to Paris and they have undertaken to send to Paris, at the city's expense, in cases in which such aid is required, such persons as are bitten by rabid dogs. There is already a Glasgow constable in Paris undergoing treatment in the Pasteur Institute; two more men have just gone in charge of Dr. A. K. Chalmers, our junior medical officer of health, while a fourth has gone to M. Pasteur at his own expense. It is worthy of note by our anti-vivisectionist friends that Dr. Chalmers has had to take with him the spinal cord and part of the brain of the rabid dog in order that it may be definitely ascertained in Paris whether rabies was actually present. An effort was made to have this question settled at the University, but this was found to be impossible within a reasonable time on account of the preliminary forms which have to be observed before inoculation experiments on living animals can be carried out. General complaint was made at the Council meeting that there were no means in the country of dealing with rabies by M. Pasteur's method, and the hope was expressed that a Pasteur Institute would soon be established among us. Another patient from Paisley, a girl aged seven years, has just been sent to Paris for treatment by this method.

—Lancet.

CONSOLING TO PHTHISICAL PATIENTS.

Since the statement made public not long ago that certain medical and sanitary scientists were endeavoring to have phthisis placed in the category of contagious diseases, thus enforcing persons affected with this formidable malady to be taken from their homes to a hospital until death or recovery ensued, more likely the former, much alarm has doubtless been caused in many stricken homes. More recently, however, the Board of Directors of the Pennsylvania Society for the Prevention of Tuberculosis have adopted a quieting resolution to the effect that while the contagious character of tuberculosis had been amply demonstrated, it was yet an entirely preventable disease. Sterilization of the tuberculous matter will so largely prevent the spread of the disease as to render perfectly safe the most intimate relations between those who suffer from the malady and those who do not. Compulsory isolation of patients, or any trespassing upon the privacy of their lives is, therefore, deemed unnecessary.

—Medical Summary, March, 1894.

NO MONEY RETURNED.

It is unfortunately not unusual for a doctor to have to sue for a fee, but we never, until now, heard of a case in which a doctor was sued for the recovery of part of a fee which had already been voluntarily paid to him. Such a case was tried before the County Court Judge for Fermanagh last week. Drs. Walsh and Gunning, of Enniskillen, had been summoned to attend a farmer's son who had received a very dangerous injury of the thigh. They had to drive ten miles in the middle of the night, and to walk a mile up the mountain. They found that amputation was indispensable, and told the farmer the boy could be operated on in the County Infirmary at a small charge, but that they considered that his removal to such a distance would be excessively dangerous. The farmer elected to pay the requisite fees, which he was apparently well able to do, and the amputation was then and there done. The doctors did not leave the house until three o'clock the next day, when their fees (£10 to Dr. Walsh, and £5 to Dr. Gunning) were cheerfully paid. The boy subsequently died from secondary hemorrhage, and the farmer now sued Dr. Gunning to get back £2 18s. We do not know by what principle of law or equity such a claim could be upheld. At all events, the Judge at once dismissed the case with costs against the farmer.

—Medical Press, Feb. 7, 1894.

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Original.

ANTERIOR STAPHYLOMA.*

BY J. A. TENNEY, M. D.,

Professor of Ophthalmology in Tufts College
Medical School.

This little girl, 3 years old, was brought by her mother to the Dispensary some time ago, one Saturday evening, just after I had gone. She had a severe inflammation in the right eye. The mother did not know that every case of acute ophthalmia may prove to be one of purulent infection, and the organ be destroyed between two days. She had nothing done until Monday, when it was too late to save the sight of the eye. At that time an abscess had formed in the cornea, and that membrane was infiltrated beyond repair.

After the disease had abated, the cornea commenced to bulge forward. Then I advised the mother to wait until the eyelids were no longer able to cover the eye, when I would try to cut off the bulged cornea, and save the rest of the globe. That time has come. The lids no longer cover the deformity, and if we leave it alone, the eye will ulcerate by coming in contact with air, and be destroyed.

The easiest thing to do would be to enucleate the eye. If this is done, the socket will not develop. She cannot wear an artificial eye, in that case, that will distend the orbit and look natural; so she would be an unsightly object the rest of her life. I am often called upon to operate, so as to enlarge the orbit in such cases; but such operations are unsatisfactory, because the process of cicatrization will undo our work. We must make an effort to save the eyeball in this case, if possible.

*Clinical lecture delivered to the students of
Tufts College Medical School, Boston, Mass.

All the instruments I shall use have been soaked in a 95 per cent. solution of carbolic acid, and rinsed in water that has been boiled. The threads and needles, also, have been soaked in a weaker solution for some time. All who touch the eye will wash their hands thoroughly in a sublimate solution, one to one thousand, first taking care to thoroughly cleanse the nails.

The child takes ether nicely. You will notice the iris, lying back in its proper place, as you see it through one side of the bulged cornea. It has not grown into the cornea, as is the case in long-standing cases of anterior staphyloma; so this is properly an instance of ectasia of the cornea.

The first thing to do is to clip away the conjunctiva from the corneal margin. Then I sweep the scissors around under the membrane, as far as the equator of the eye. After this is done, the conjunctiva will stretch, so as to cover in the eyeball, after the cornea has been removed.

I next take four threads of iron-dyed silk, armed with needles on each end. You will notice that each thread has similar needles on it, but no two threads have needles alike; this is to prevent confusion when the threads are tied. I sew the threads from the inside of the margin of the conjunctiva, about two millimeters from the edge, above and below, at equal distances along the opening.

Pushing the threads out of the way, I now transfix the cornea near its base with a Graefe cataract knife, and cut out to the margin. The remainder of the cornea is removed with scissors. It contains neither the iris nor the lens, showing that it is a case of ectasia.

The next step is to lacerate the lens

capsule, and remove the lens. If this were not done, the aqueous humor would continue to be secreted from the posterior surface of the iris, and the anterior portion of the ciliary body, and the consequent irritation would destroy the ball. You will notice that the lens is in a healthy condition, exuding like jelly.

A small amount of the vitreous escapes from the right side. This is of little consequence. I irrigate the eye with one to three thousand sublimate solution, and proceed to tie the threads. I take up the middle thread first, and look for similar needles on each end. As the vitreous still exudes, after tying the threads, I put in two more stitches. If it should continue to ooze, it might become contaminated by coming in contact with the atmosphere. To guard against this, and any other source of infection, we will have a one to three thousand solution of sublimate dropped on the bandage and cotton covering the eye at frequent intervals, until the eye heals.

The stitches can remain four days or longer. We will remove them before they cut their way out. I expect union by the first intention.

The child has something in the orbit now to make it develop properly. When she arrives at an age when she will regard her personal appearance she can wear a shell of glass over this shortened eyeball, which will move almost as well as the other eye; and unless she speaks about it, the people she meets will not know that one of her eyes is blind.

WHY IS A SUCCESSFUL LAPAROTOMY SOMETIMES A FAILURE?

Abstract of Paper of Dr. A. W. Johnstone, with Discussion.

Dr. A. W. Johnstone, of Cincinnati, says it is because cases are not closely followed up or a careful diagnosis has not been made. If the menopause has failed to be produced, the patient is little better off than before the operation; in 10 per cent. of cases the laparotomy is only the first step towards the cure of a case. The reason for the failure to produce the menopause is twofold. First, from conditions of the uterus itself; second, from failure to destroy the whole nervous plexus em-

bedded in the broad ligament on either side of the uterus.

The chronic metritis which started the pyosalpinx, the ovarian abscess or whatever it may be, is not cured by the laparotomy, but these cases are almost entirely cured by a thorough curdeting and tamponing. Pozzi claims that every case of inflamed appendages ought to have the uterus curetted within 30 days after laparotomy. Dr. Johnstone thinks this entirely too high, and in his experience only one case in ten requires it, although the tenth case needs it very badly. He related the history of a case in which he removed the appendages more than two years ago for an infection of the whole genital tract. It recovered nicely from the laparotomy, but at the end of a year came back with a decided vaginitis and metritis still persisting. He curetted and tamponed the uterus, but in a few months she came back with a well-marked case of vaginismus and a most decided vaginitis and vulvitis. It was a typical case of vascular degeneration of the vagina. The little granulation plugs were standing up all over the surface, and the enlarged vessels were ramifying in the bases of the caruncule myrtiformes and running up to the edge of the urethra. The resemblance to the condition of granulated lids was so remarkable that Dr. Johnstone determined to use a weak ointment of the yellow oxide of mercury. Under this ointment the inflammation disappeared as if by magic. This experience was given in extenso, that the persistent way in which these cases have to be followed up and the inflammation chased from one part of the genital tract to another and stubbornly fought may be realized. The urine has to be carefully watched, for an inflamed vagina is very likely to involve the urethra, but the inflammation may be conquered there with suppositories of the yellow oxide and cocoa butter. These can be rolled by any druggist, and it is well to keep a supply of various sizes on hand.

In the heavy surgery of laparotomy the so-called trifling things must not be forgotten, but a little patch of granulation here, an infected spot cured there, will restore the patient to her proper place in society, and our duty as physicians as well as surgeons will have been done by the case. The framework of our specialty has been thoroughly built. During the rearing of this structure our

attention has been called entirely too much to the gross mechanics of the work, and now we must settle down to what some people would call "the patch work of our crazy quilt" and bring into our work the knowledge that other specialities have developed; by carefully studying each individual case for itself I am satisfied we might make ourselves more useful both to the community and the State.

DISCUSSION.

Dr. Reamy—Mr. President: I have never had any experience with a failure to produce the menopause, except in cases where the laparotomy was done for the arrest of fibroid tumors. In some cases when I have operated for fibroids I have not been able to arrest the hemorrhages. But here we must distinguish between the hemorrhage associated with a myomata or fibroma and that of menstruation. In those cases where I have removed the appendages for disease of the appendages, the menopause has been secured. I must also in this connection repeat an observation, which I have elsewhere published, viz., that in my earlier work, when I was not so careful to place the ligature so near to the uterus, as is my present practice, the menopause was just as certainly secured in case all ovarian stroma was removed.

Dr. Johnstone—In about what proportion have you succeeded in arresting the growth of the fibroids?

Dr. Reamy—I have not removed the appendages for the arrest of the growth of the fibroids after they have attained a large size; I have confined my operations to cases which have not ascended above the umbilicus. That, however, is not a test for the size of all, for sometimes they fill the entire pelvis from brim to brim, and do not extend above the umbilicus. I should say that where the tumors have been small (I am not judging from any figures before me), the growth has been arrested in about 60 per cent. of the cases. That is, completely arrested and a retrograde secured. In a few cases it has exerted no influence.

Dr. Zinke—Have you any cases in which the tumor continued to grow after the removal of the ovaries?

Dr. Reamy—Yes, I have had two cases that I remember in which the growth was more rapid from date of the operation.

Dr. Bonifield—Was the tumor large in those cases?

Dr. Reamy—Yes, in both cases above the size indicated in what I have already said. Moreover, it has been my observation that, other things being equal, multiple tumors are more likely to be arrested by removal of the appendages than when the growth is single; but I do not consider the rule absolute.

* * * * *

Dr. Reamy—I do not think that anyone would remove the uterus with the expectation of arresting the growth of

a soft myomata, or of a cysto-fibroma. In neither case would any benefit result.

Dr. Zinke—But, Mr. President, we are not able to determine the true condition until the abdomen is opened.

Dr. Reamy—But you can certainly tell after it is opened.

Dr. Cleveland—Can you not form some idea by feeling the tumor through the abdominal wall?

Dr. Reamy—Yes; a diagnosis can usually be made with comparative satisfaction in this way, but not certainly. The feel of a growth through the abdominal wall, aided by conjoined manipulation, may, in certain cases, be misleading. We cannot, in all cases, even tell with certainty when there is fluctuation. But in addition to the evidence furnished by palpation, the history of the case, the usually rapid growth of the myomata may aid us materially. Ordinarily we have but little trouble in the diagnosis of a fibro-cystoma. But in all these cases, when in doubt, we should make an exploratory incision, prepared to remove the appendages, or the tumor, or the uterus, as the certain diagnosis revealed by the incision may indicate. This is the only safe rule, saving time and avoiding perplexity.

* * * * *

Dr. Reamy—In reference to Dr. Johnston's question, what has been my observation as to the influence of removal of the ovaries upon the sexual appetite, I have had several cases in which I have investigated it since my paper read before the American Gynecological Society in which the matter is discussed. I called attention in that paper to a case in which I removed all the uterus except the cervix. I made a suprapubic hysterectomy for a bleeding and rapidly growing cysto-myoma and removed both ovaries and tubes, an ovarian tumor and an interligamentous cyst, all at one operation. The woman made a good recovery, but died three or four years afterwards of cancer of the omentum. I asked the husband about two years after the operation, as to her general health, which he said was good; asked to her sexual appetite, and he said her sexual appetite was much stronger than before, and the act was perfectly satisfactory to both parties. The cancer from which she died was of the omentum, and it also developed in other portions of peritoneum, but not in the uterine cervix left at this operation. Women who have cancer of the uterus have increased sexual appetite, as a rule. That is a fact about which not much has been said, but which will be found to be true. This continues until intercourse becomes painful or offensive.

I do not think the statements of Dr. Goodell are much overdrawn. My own observations confirm his views in the main. The important questions are no longer, will the woman survive the operation? what will be the immediate results? but, what will be the ultimate results?

In one case I reported to the Gynecological Society in which the patient had reported no abatement of the sexual appetite, the appetite is now entirely extinct. I removed the ovaries for a woman in the Cincinnati Hospital, who was a kept woman and who had nymphomania. She informed me that it was impossible for her to restrain herself in the presence of men, sexual excitement was so great.

On removing ovaries some enlargement of the left ovary was found and some cystic degeneration; the mucous membrane of tubes considerably thickened, and there was considerable granular matter in the tube. Twelve months from the time of the operation she said the sexual appetite was much diminished. She avowed that desire was only stimulated in the presence of the one man. Very recently this woman came to the Cincinnati Hospital to consult me, and reported all sexual appetite extinct, and not the slightest gratification in the sexual act. She is now about thirty-seven or thirty-eight years of age.

I am thoroughly satisfied that in a large number of cases the operation abridges the appetite and ultimately obliterates it. Other things being equal, the younger the woman, and the shorter time since marriage when the operation is done, the more certain that interference with sexual power will follow.

It is well known that castration in childhood usually intercepts development of sexual power, when the proper age is reached.

Dr. Johnston—What do you think is the difference in the percentage of the loss of sexual appetite in those who have reached the normal menopause, and those in whom it is artificially produced?

Dr. Reamy—Reliable information on these points is difficult to obtain. Both husband and wife may be polite to you when you seek testimony on such topics, but their statements must often be taken with allowance. Unquestionably, however, many women no longer have sexual desire after the normal menopause. With quite a number, on the other hand, it is increased, remaining in normal force for many years. So in some cases after the artificial menopause, this appetite is not seriously impaired, but in the majority of cases it is. The chief evil lies in the fact that when the menopause is artificially and prematurely induced, both husband and wife are deprived of years of sexual activity to which they were legitimately entitled, coupled, of course, with the more sacred and exalting prerogative of paternity. In the presence of otherwise incurable and unsexing disease, these considerations have no weight. Otherwise they should be supreme.

So far as the nervous functions may be concerned, the sexual power is in the lumbar cord, but the consent to the exercise of that power is a process taking place within the skull. Within the kingdom of pure conjugal affection, love of husband and hope of maternity no doubt go far to maintain sexual propensity and

power in some women in whom existing pelvic disease would otherwise obliterate these functions.

Not long since I was visited by a gentleman 36 years of age, upon whose wife I had, four years before, made a vaginal hysterectomy for cancer, removing, of course, the entire uterus, and one ovary. One ovary, however, was not disturbed. The woman was 34 years of age, the mother of three children. The object of the husband's visit was to inform me that his wife was to call on me soon that I might witness how robust she is after "having such a horrible tumor removed four years ago. But," said he, "for your life don't tell her that you removed her womb. She has no idea that it was removed." I asked as to sexual relations. He answered they are perfect as before, and satisfactory to both of us. He expressed the fear that if she learned the facts, these matters might change.

Dr. Zinke—Mr. President: I do not believe that we ought to pass by a paper of such interest and importance without discussion. I, for one, have been extremely interested in this subject, and wish to pass my compliments upon the manner in which it has been presented. Most of what the essayist has said cannot, as you well know, be controverted. Some of it, however, still lacks evidence, and ought not be accepted until additional proof has been furnished. Not that I doubt the essayist's sincerity, but I cannot altogether subscribe to his views, although he has excellent support from good authorities, in reference to the treatment of uterine fibromata. I do not believe that the best of us is always able to diagnose from microscopic inspection alone, and before the diseased organ itself has been exposed, whether he is dealing with a "hard" uterine fibroid, pure and simple.

In some instances I will admit that one may be able to do so, but even then a certain risk is incurred if the ovaries and tubes alone be removed. Again, the essayist claims, especially for the multiple form of uterine fibroids, that if the tumors have not attained a size sufficient to extend up to the umbilicus, a cure can be effected in every instance by simple removal of the ovaries and tubes. This, Mr. President, does not correspond with my experience, and I believe the essayist goes here entirely too far notwithstanding his own experience and that of others. Multiple fibroids of the uterus furnish a condition of things which, if not in every instance, at least in the majority of them, precludes the possibility of completely removing the ovaries and tubes. One may succeed in

taking out the ovaries in most cases, but it is rarely, if ever, possible to remove the tubes entirely, because in all the cases I have seen, they are bound down tightly and tortuously over and between the tumors, and it would be an exceedingly difficult matter, under such circumstances, to remove the tube and at the same time include within the ligature the "nerve of menstruation" or the "Johnstone nerve."

I hope that I may be able before long to find satisfactory evidence, which will convince me that we should content ourselves with the simple removal of the ovaries and tubes, if this be possible, in these cases. So long as there is a possibility that a fibroid tumor or tumors of the uterus may continue to grow after extirpation of the adnexa (and cases are continually observed in which the growth is not only not arrested, but increase in size after this operation), I do not believe that we are justified, after opening the abdominal cavity, of stopping short of the removal of the whole of the diseased mass. Of what use, for instance, is a diseased uterus to a woman? Can she possibly be any worse without it than she is with it? Is there much of an increased risk in the removal of the whole organ? I think not; especially not if uncomplicated by extensive and firm adhesions.

Now, as to the nerve theory of menstruation. The theory as well as the nerve are plausible possibilities. I do not believe "Johnstone's nerve" has ever been satisfactorily demonstrated; certainly I have never been able to detect it. Christopher Martin's paper on this subject, published at a recent date, indorses, and seeks to corroborate by additional testimony, the views which the speaker of this evening has set forth in his interesting dissertation.

Dr. Johnstone has struck the nail on the head in reference to our failures of securing relief to some of our patients after resorting to coeliotomy, when he attributes the same to the existence of pathological conditions within the cavity of the uterus and the vagina. Operators of experience will subscribe to everything he has stated in this regard. The doctor's paper certainly shows great research and painstaking observations.

Dr. Bonfield—Mr. President: In regard to the removal of the uterus and ovaries for fibroids, in answer to the doctor's question, if the removal of the

uterus is a dangerous operation, I would say it is in the hands of the average operator. It is a long and tedious operation; any operation that keeps the patient under an anesthetic from three-quarters of an hour to two hours is a dangerous operation, and the patient at least runs a risk of acute nephritis and shock, if nothing else. The removal of the ovaries is a comparatively simple operation, and in the great majority of instances when the fibroid is small it is efficacious.

My experience in removal of ovaries for fibroids is limited to one case, which I did before going to Europe. The patient had two tumors, and the mass just came barely below the umbilicus at the time of the operation. She did bleed, at irregular intervals, a good deal after the operation up to six months ago, when I curetted her. The tumors have apparently become smaller and she is now comfortable and able to work every day, and so I do not think one can say because they are multiple you should not remove the ovaries. I do not think that has so much to do with it as the location of the tumors.

Dr. Zinke—I do not wish to be misunderstood. I did not mean to say they were not dangerous operations; of course they are dangerous operations, and so is oophorectomy with the removal of the tubes. The operation for the tumor I presented at the last meeting did not take me over half an hour. I removed the entire uterus.

Dr. Zinke—Mr. President: I hoped some of the members present would give us their views as to the sequelae which are said to follow the removal of the uterus and ovaries, especially as expressed by Goodell. I have never seen a single case in which symptoms of insanity have manifested themselves, and never, even where I have removed the entire internal genital apparatus, have the individuals been deprived of their sexual desire. I have made it a point of inquiry and informed each of my patients for what purpose the inquiry was made. The answer in every case was freely given, and in none the change observed mentioned here to-night. But I do believe if Goodell's views became generally known to women who have been thus operated upon that some of them would actually lose their minds, simply and solely because such views are held, indorsed and promulgated by so high an authority as Goodell. The question: How many women with diseased uteri, tubes and ovaries (and because of them) have become mentally deranged and confined in insane asylums? has not yet been answered.

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PHILADELPHIA, APRIL 14, 1894.

THERMAL INFLUENCES IN OPERATIONS.

Which season of the year offers the least prospect for surgical operations, and what are the effects of temperature on the progress of those cases treated surgically?

With us, in America, where our climate is so changeable, and sudden extremes of temperature are common, it is certainly important that some general consensus of opinion be reached on the question as to which season of the year offers the best prospects to our patients for major operations, the winter or summer, when a choice is permitted.

No one can question the baneful influence of intense cold on fresh wounds; nor will any one deny the personal discomfort to the operator in a difficult case in the intense heat of summer; and, on the other hand, when it is remembered that we should consider our patient's interests only, the matter of personal inconvenience must be set aside.

Without question, on the whole, the general impression that the summer season is unfavorable to wound repair is unfounded; and, unless our patient is unusually weakened, his chances of recovery after operation are much better in summer than in winter. The depressing influence of cold is wanting and his

sleeping apartments can be more thoroughly ventilated. As a matter of fact, any description of fracture in the young and vigorous does better in warm than in cold weather.

Before antiseptic times, when decomposition in wounds was so common, perhaps infection was less liable in cold weather.

It is scarcely necessary to say that under all circumstances it is well to remember that all severe operations are attended with more or less shock, which may be partly obviated and its effects greatly diminished by the judicious application of heat, during and after the operation.

A GYNECOLOGICAL QUESTION OF IMPORTANCE IN FORENSIC MEDICINE RELATING TO THE HYMEN.

In an article on the above subject, a writer to the "Provincial Medical Journal," for April 2, 1894, gives a few cases, illustrative of the care which must be taken when medical men are approached for opinions relative to the chastity of women with hymens intact.

The expansibility of the hymen makes the question more difficult of solution when there is any reason to doubt chastity. The cases reported are as follows:

1. A patient is brought for examination, who has been recently married. A coolness has arisen immediately after marriage, owing to some difficulty having occurred in intercourse, which she ascribes to ineffectual efforts on the part of her husband. But, contra, he alleges that she has resisted, and feigned such great pain at the time that he had to desist. This coolness is accentuated by a suspicion of previous impurity on the part of the woman. Upon examination, the hymen is found complete, but of the folding type. An opinion has previously been given that the woman was intact. Subsequently, disclosures proved that she had lived irregularly, and had aborted previous to her marriage.

2. A patient wishes to establish a charge of impotence against her husband. She has already been examined with this object, and pronounced intact. It is ascertained that there have been only a few occasions on which sexual intercourse can have occurred within a given number of months. She strongly resists internal examination, lest

the hymeneal proof of her virginity should be destroyed. Looking at the hymen, it is found uninjured, and normal in appearance. Casually, during examination, a slight supra-pubic enlargement is discovered.

This arouses suspicion, which the appearance of the mammae confirms. A vaginal examination is carefully made, and a perfectly yielding hymen is found of the nature described. Though told that she is pregnant, the patient persists in the denial of cohabitation having taken place, even to the point of endeavoring to produce medical evidence of her chastity in a case for nullity of marriage. She is, however, confined of a child at full time some six months subsequently.

3. A most serious charge is preferred, which is in part rebutted by exculpatory evidence on oath that a man has had intercourse with a young girl, extending over a considerable period of time. The case is one in which the gravest issues are at stake.

The girl's cause is subsequently taken up by powerful friends, and she is submitted to medical examination. The hymen is found complete, and upon this fact medical opinions are elicited that it would have been impossible, or at least improbable, that sexual intercourse could have been continued over such a length of time as that stated. She is brought for an expert judgment on this point.

The hymen is found as already described, but on a digital examination being made it completely yields and folds back.

Ultimately, without any force or difficulty, a fair sized conical speculum is passed, and also a comparatively large glass vaginal dilator, without the least injury. The opinion was given that frequent coition, partial or complete, was quite feasible under the conditions, but that the chastity of the girl was not impugned.

Nevertheless, legal pressure only stopping at the point of dragging an unwilling and hostile medical witness into court is unsuccessfully exercised to force an opinion that it was not possible under these conditions that repeated copulation could have happened.

4. A prostitute, suffering from syphilis, with condylomata, also sores on, and discharge from, the vulva.

"Seduced at seventeen, she had passed some time as the mistress of her seducer, after which she lived for two years as a soldier's prostitute. Returned to Galway, her time was occupied between prostitution and prison life. On examination there was found no enlargement of the nymphæ, no laceration of the fourchette, and there was a well developed unruptured hymen, the edges sharp and perfect without a single tear.

"The cause of the non-penetration seemed to him to be that the arch of the pubes was of the masculine type—angular—and the vulva placed more back than usual. In treating a sharp attack of gonorrhea vaginitis; a small-sized Ferguson's speculum was passed, and the hymen tore without any extra force."

There is the possibility of such incomplete coition happening frequently in a case in which the hymen is of the yielding or folding kind.

5.—Patient consulted for amenorrhœa. The hymen was perfect, its edges sharp and untorn; in shape, position and consistency it was normal, showing no evidence of pregnancy. The fundus uteri could be felt over the pubes. Finally the patient confessed that she had had intercourse three and a half months previously, just before the menstrual period was due.

The wider and more explicit knowledge that this folding condition of uninjured hymen may exist, though the woman has for a considerable time had sexual intercourse, and the more exceptional or rare the class of cases in which this may occur is placed on record the better. For it is just these out of the way occurrences, arising suddenly without warning, that may put men off their guard in giving an opinion, upon which, for themselves and others, so much may depend.

APPRECIATION.

It is always pleasant to occasionally hear a good word concerning the efforts of the "Times and Register" to place before the profession a bright, clean journal, and the following is what the American Druggist and Pharmaceutical Record, of New York, kindly states in its issue of April 5, 1894:

The "Times and Register" is a weekly journal of medicine and surgery edited by Dr. Frank S. Parsons and pub-

lished by the Medical Publishing Company, at 1725 Arch street, Philadelphia. It has recently divided its pages into departments, which have been placed in charge of the several members of the editorial staff, an arrangement which adds considerably to the value of the periodical, as it facilitates reference and gives the stamp of authority to the matter printed. The 'Times and Register' gives every indication of being a success in its particular field."

Correspondence.

AMERICAN MEDICAL ASSOCIATION.

The Committee of Arrangements has worked indefatigably on the matter of transportation rates, trying to get a round-trip for a single fare.

By advice of Mr. T. H. Goodman, G. P. A. of the S. P. Co., who furnished addresses, we sent out circulars to agents of all roads interested in the matter.

About one-half of those replying favored our petition and promised to advocate it before their respective associations, through which all such matters must be arranged.

The following communication from Mr. Goodman place the matter as it now stands in a clear light.

Dr. R. H. Plummer.

Dear Sir:—This morning's mail brings us your yesterday's letter, handing for our perusal three letters from Eastern railway officials. Having read the letters you sent we return them herein and beg to emphasize our previous statements to you in person and by letter, that the Trans-Continental roads have virtually done what you ask, namely, accorded a one-way rate.

In other words, the rate for a 30-day ticket from Missouri River points to San Francisco is \$60. Excursion, that is round-trip tickets, Missouri River points to San Francisco and return, are being sold to-day at a rate of \$65.50. Such tickets require the going trip to be made within 15 days from date of sale, and the return trip within 15 days after the day upon which the ticket is signed here, in presence of a railroad agent, but in no event later than July 15 next.

We have told you that within the State of California we ignore this 15-day limit on both going and returning trips; in other words, that the holders of the tickets are at liberty to move at will within the State of California within the life of the ticket, and that the 15-day limit returning is not enforced west of our terminals at Portland, Ogden and El Paso.

You have asked our permission to state positively that these Midwinter Fair rates would be in force at the time attendants at your convention will want to move westward. We have replied that the traffic is west-bound traffic, and that we do not control the matter. You will

doubtless, however, recollect our telling you that this rate would, in all probability, hold until after that period. We gave you our reason for that statement, namely, that one of the roads had announced that it would continue the sales up to June 30.

We appreciate your desire for an authoritative statement in this regard. As we cannot make it, we will write you that we feel you are quite safe in stating the fact that such rates have been announced, and that the sale would continue until that date.

We beg to again call your attention to one point which is quite material in this matter. The trans-continental roads having virtually done what you asked, you should bring all the influence to bear that you can upon the roads east of the trans-continental roads. Those roads are, for the most part, the ones forming the Western Passenger Association, the Central Traffic Association and the Trunk Line Association. The Western Passenger Association roads lie between the Missouri River and Chicago and St. Louis. You should go to them for a rate similar to our Midwinter Fair rate. They tell you their rate will be \$20, Chicago to Missouri River and back, and \$12, St. Louis to Missouri River and back. As the single-trip rate, Chicago to Missouri River, is \$12.50, and from St. Louis \$7.50, you will see that their rates are not reduced nearly as much as the Trans-Continental Road rates. Can you not through some of your profession at Chicago approach the general passenger agents of the lines leaving from Chicago whose names we have given you? We think they will appreciate the importance of the occasion.

One of our assistants has in hand the matter of reduced rates locally, and you will be shortly advised.

Respectfully yours,

T. H. GOODMAN.

EXTRACTS FROM LETTER OF FEB. 12, 1894.

The rates thus continued are as follows: \$65.50 from Missouri River points, being Sioux City, Council Bluffs, Omaha, Pacific Junction, St. Joseph, Atchison, Leavenworth and Kansas City; \$77.50 from St. Louis, Cairo, Memphis and New Orleans.

The rates mentioned to you exceed the one-way 30-day rates as follows:

That from the Missouri River by \$5.50; that from St. Louis, Cairo, Memphis and New Orleans, by \$10, and that from Chicago (\$85.50), by \$13.

We deem it but proper to here mention that if our Shasta route between San Francisco and Portland is passed over on either going or returning on trip from Missouri River, St. Louis or Chicago, the rate will be \$15 greater.

As on this occasion passenger movement is from the East to the West, it is but proper that the question or rates should be taken up with officials of Eastern roads. We suggest, therefore, that you correspond first with those who have charge of the passenger traffic of

the so-called Trans-Continental Association roads. They are as follows:

* * * * *

For rates from the territory lying beyond the Missouri and Mississippi Rivers you should address: Mr. B. D. Caldwell, chairman Western Passenger Association, Chicago; Mr. F. C. Donald, Commissioner Passenger Department, Central Traffic Association, Chicago; Mr. L. P. Farmer, Commissioner Passenger Department, Trunk Line Association, New York; Mr. M. Slaughter, Assistant Commissioner Southern Passenger Association, Atlanta, Ga."

* * * * *

From the foregoing communications it might appear that, while we have not been wholly successful, if the roads between the Missouri River and Chicago, and between Chicago and Atlantic points, where local travel far exceeds that over the Rocky Mountains, will give the same reductions as the roads from the Missouri River points to San Francisco, we will practically have a single fare for a round trip.

Cannot the profession in the East, by united efforts, secure these concessions?

The time is growing short, and chairmen of the several sections should send in their reports, etc., for insertion in the programme.

R. H. PLUMMER,
Chairman.

San Francisco, March 25, 1894.

DEATH OF DR. BROWN-SEQUARD.

The eminent French physiologist, Dr. Brown-Sequard, died in Paris on April 2.

He was born in 1817, and graduated in medicine in 1840. From 1864 to 1869 he occupied the chair of physiology in Harvard College. Thence he went to Paris, filling a professorship there. He removed to New York in 1873, but returned to Paris in 1878.

He was noted for his original researches and valuable contributions to medical literature.

MUTTER LECTURESHIP OF THE COLLEGE OF PHYSICIANS, OF PHILADELPHIA.

The next course of ten lectures under the bequest of the late Professor Thomas Dent Mutter, M. D., LL. D., on some point or points connected with "Surgical Pathology," will be delivered in the winter of 1896-97, before the College of Physicians of Philadelphia. Compensation, \$600. The appointment is open to the profession at large. Applications stating the subjects of proposed lectures must be made before July 1, 1894, to William Hunt, M. D., chairman of the Committee on the Mutter Museum, southeast corner of Thirteenth and Locust streets.

Book Notes.

A PRIMER OF PSYCHOLOGY AND MENTAL DISEASE. By C. B. Burr, M. D. Published by George S. Davis, Detroit, Mich.

This is a small book of 84 pages relating to the primary inceptions of psychology.

The first chapter defines the term psychology, and plunges at once into the relations of matter and force, in which peculiar phenomena appear, called life. It takes up the discussion, briefly, of the brain as the organ of the mind, the development of the mind, and its relation to the several senses.

The second chapter deals with insanity, which is defined as "a prolonged departure from the individual's normal standard of thinking, feeling and acting."

The causes and forms of insanity are enumerated and individually discussed.

The third chapter deals with the management of cases of insanity, and the necessity of recognizing the physical basis of mental diseases and the direction of treatment to the brain, the organ of the mind.

TRANSACTIONS OF THE AMERICAN ORTHOPEDIC ASSOCIATION; SEVENTH SESSION. HELD AT ST. LOUIS. Published by the Association.

The above contains many valuable papers by eminent orthopedic surgeons, among whom are H. A. Steele, St. Louis; Forrest Willard, Philadelphia; J. D. Griffith, Kansas City; John Ridlon, Chicago; A. B. Judson, New York; E. H. Bradford, Boston; R. H. Sayre, New York; Louis A. Sayre, New York, and others.

BOOKS AND PAMPHLETS RECEIVED.

LAPARO-HYSTEROTOMY: ITS INDICATIONS AND TECHNIQUE. By N. Senn, M. D., Ph. D., LL.D., Reprinted from "The American Journal of the Medical Sciences," September, 1893.

A NEW DYNAMOMETER FOR USE IN ANTHROPOMETRY. By J. H. Kellogg, M. D. Reprinted from "Modern Medicine," Modern Medicine Publishing Company, Battle Creek, Mich., 1894.

NOTES ON NAVAL HOSPITALS, MEDICAL SCHOOLS, AND TRAINING SCHOOL FOR NURSES, with a sketch of Hospital History. By J. D. Gatewood, M. D.

A HISTORY OF POLITICAL ECONOMY. By Dr. Gustav Cohn, Professor in the University of Gottingen. Translated by Dr. Joseph Adna Hill, with an introductory note by Edmund J. James. Philadelphia: American Academy of Political and Social Science, 1894.

THE CAUSE AND CURE OF MALIG-NANCY. An important announcement to the medical profession. By William Thornton, Boston, Mass.

PRIMARY SYMPHOLIS AND GONORRHEA IN CHILDREN. By B. Merrill Rick-ketts, M. D., Cincinnati, Ohio. Reprinted from the "Journal of the American Medical Association," December 16, 1893.

Therapeutics.

Under the charge of LOUIS LEWIS, M. R. C. S., Philadelphia.

HOT SAND BATHS IN RHEUMATISM.

Ssolontzew (St. Petersburg Med. Woch., 38, 1893) advocates the use of ordinary river sand in cases of rheumatism with slight pyrexia, or pyrexia easily reducible by salicylic acid preparations, and also in cases of chronic articular rheumatism. If great fever is present salicylic acid should first be given, and then about 16 to 32 kilos. of sand are heated to 65 to 70 degrees C., spread on a blanket, stirred until a uniform temperature of 60 degrees is arrived at, when the patient is completely enveloped and covered with another blanket, remaining thus for 30 to 60 minutes. The loss of temperature in the sand is about 6 degrees, but the patient's temperature is slightly raised during the bath, afterward falling to a variable extent. The author found a considerable shortening in the course of the disease when thus treated, but considers the bath inadvisable with cachectic patients on account of the profuse perspiration induced, in those cases complicated with hyperpyrexia, and with patients subject to palpitations or arterio-sclerosis.

FORMALIN AS A DISINFECTANT.

By Dr. S. Rideal,

Lecturer at St. George's Hospital, London.

Experiments that have been made with formalin as a disinfectant and preservative agent have yielded some very interesting results, and I am fully satisfied that in it we possess a bactericide and antiseptic of considerable value. When added in very minute proportions to substances capable of undergoing putrefactive change, it prevents such decomposition for a considerable time. This preservation may be effected in the case of liquids by adding a small amount of a diluted formalin solution to them, and in the case of solids either by spraying them from time to time with a weak solution or by suspending them in an atmosphere impregnated with the formalin vapor. Thus, for example, I have kept beef tea for upward of a fortnight free from smell and quite clear with an addition of 1 cc.

of a 1 per cent. solution to 100 cc. of the liquid. This corresponds to a dilution of 1 part in 10,000, and would be effected by adding 1 fluid ounce of the 4 per cent. formalin solution to 40,000 fluid ounces of beef tea.

Milk containing the same amount of formalin has remained sweet for 12 days. I have also succeeded in keeping a piece of raw beefsteak perfectly free from any taint for upward of 17 days by suspending it under a bell-jar above a little cotton wool impregnated with a few drops of the strong formalin solution. In my experiments with pathogenic organisms a solution of formalin containing 1 part in 15,000 has been found powerful enough to arrest the growth of most of the species examined.

Experiments with the vapor have shown that in this form it is extremely toxic to micro-organisms in the air and adhering to walls and articles of furniture in rooms. I believe that its use in this direction will be found very valuable, as at present there is no gaseous disinfectant which can be recommended for this purpose that has no injurious effect upon such materials. I have also had an opportunity of trying the effect of formalin as a preservative of specimens from the post-mortem room and find that a 1 per cent. solution is very effective for this purpose. The liquid does not become turbid nor dark-colored, and after three weeks' constant use and exposure to the air its strength had only fallen from 1 to .45 per cent.

—From the London Therapist, March 15, 1894.

SUGAR AS A FACTOR OF MUSCULAR POWER.

It is acknowledged that carbo-hydrates play a very important role in the production of muscular energy, and are able to support it, within certain limits, without the participation of the nitrogenous substances of the organism. By means of an elaborate series of experiments in the Physiological Institute of Turin, Professor Vaughan Harky has practically demonstrated that sugar, when taken as food, becomes an active generator of

muscular energy, and he has arrived at the following, among other, conclusions:

The amount of work performed on a diet of sugar alone is almost equal to that obtained on a full diet; fatigue, however, setting in sooner.

Sugar added to a small meal can increase the muscular power from 9 to 21 per cent. during 30 contractions.

When added to a large mixed meal, sugar can increase the muscular power 2 to 7 per cent. during 30 contractions, the increase in total work being 8 to 16 per cent., with a marked increase in the resistance to fatigue.

Sugar taken early in the evening obliterates the usual daily fall in muscular power, and increases the resistance to fatigue.

PURPURA HEMORRHAGICA.

This peculiar disease, popularly termed "the purples," is owing to a morbid condition of the blood and capillary vessels, leading to extravasations into the skin and onto mucous surfaces. Sir B. W. Richardson conveniently divided it into three forms: aqueous purpura, saline purpura and vascular purpura.

In the aqueous form, the water of the blood is in excess and the fibrin is too freely diluted. As a consequence, the blood is insufficiently protected, and is free to flow from the slightest wound, or to diffuse through the coats at injured vessels. It is usually hereditary, but may arise from fright or intense grief or shock.

In saline purpura, the blood is surcharged with some soluble saline substance by which the plastic fibrin is held in undue solution in the water. This form is not hereditary, but is induced by errors at diet or other causes that render the fibrin of the blood too soluble. The scorbutic eruptions and scurvy of the old schools of physic come under this head. Chloral will sometimes induce it. The exudations of blood are usually passive.

In vascular purpura, the blood is unaltered, but the defect lies in the capillary vessels, which permit the blood to escape through slight causes, as a blow, pressure or strain. Dr. Richardson is inclined to think there is some actual structural modification of the vessels themselves. It usually occurs in young subjects, and the cutaneous eruption which characterizes it is hard and

prominent, owing to separation and coagulation of the fibrin.

These types of purpura may appear in combination, and an extremely attenuated blood may exude from fine points in the surface of the body. Pressure with plastic styptics—not caustic—is recommended for the hemorrhage; and turpentine is extolled in the treatment of the vascular variety.

The appearance of purpura during an attack of scarlet fever is always a sign of grave import. In Ireland the disease often occurs as an epidemic.

—L. Lewis.

A person developing insanity is likely to present a dry, harsh skin; a strange bodily odor; a coated tongue and an offensive breath; a feeble circulation; constipation; headache; sexual disturbance (either abnormally strong, or in abeyance), menstrual suppression in females; deafness or unusual subjective noises; talking to one's self; and, later on, delusions and illusions.

When these signs are supplemented by unusual irritability, moroseness, suspicion, forgetfulness, personal neglect, facial alteration, and a peculiar brilliancy of the cornea, it will be pretty safe to prognosticate that the patient is about to become insane, or that he or she has at least passed over the borderland of the "*meus sana in corpore sano*."

L. LEWIS.

CHLORIDE OF CALCIUM.

Chloride of Calcium in doses of four grains is said to be very effective in the treatment of pneumonia.

—N. Y. Med. Record.

COLD SUMMERS AND WARM WINTERS.

Mr. W. H. Dines read a paper at the last meeting of the Meteorological Society on "The Relation Between the Mean Quarterly Temperature and the Death Rate." The Registrar General's quarterly returns for the whole of England since 1862 were taken by the author, and the number of deaths in each quarter expressed as a departure per 1000 from that particular quarter's average, the value so obtained being placed side by side with the corresponding departure of the temperature at Greenwich from its mean value. The rule seems to be that a cold winter is unhealthy and a mild winter healthy, and that a hot summer is always unhealthy and a cold summer healthy.

—British Med. Journal, March 31.

Gynecology.

DILATATION OF THE UTERUS.

Introduce into the uterine cavity substances which have the property of absorbing the liquids secreted by the uterus, and of swelling it. This gradual swelling brings with it the progressive and slow dilatation of the neck of the uterus. The various substances employed are:

First. Prepared sponge.

Second. *Laminaria digitata*.

Third. A series of little tampons of iodoform gauze.

—Terrillon.

While dilatation is useful it is not indispensable. There are special applications for each of the two processes:

The dilatation with the iodoformed antiseptic pencils act advantageously on the uterine mucousæ.

The extemporaneous dilatation or divulsion is a good method of treatment for the pain accompanying chronic affections of the pelvis.

—Doleris.

DYSMENORRHOEA.

Against membranous dysmenorrhœa, when at the moment of the catamenia, there are sharp pains, give at first antipyrin 2 to 4 gr. per diem.

—G. Lee.

Against the pains of dysmenorrhœa:

Tincture piscidia

41 R. Tincture piscidia erythrina (aa),
10 grams.

Viburnum prunifolium.

Sig. 20 guttæ, four to five times a day.

The piscidia erythrina is endowed with properties anti-neuralgic. The *viburnum prunifolium* is an anti-spasmodic analogous to valerian and a moderator of the excito-motor power of the medulla, of which the sphere of action seems to localize itself in the utero-ovarian apparatus.

When the dysmenorrhœic pains are accompanied with menorrhagia, associate with the *viburnum* the *hydrastic canadensis*, which contains properties vaso-constrictive quite analogous to that of ergot of rye and of sulphate of quinine.

R. Tincture *viburnum prunifolium*, a. a.,
10 grammes.

Hydrastic canadensis, a. a., 10 grammes.

Sig. 20 guttæ, four or five times a day.

—(See H. Huchard.)

Injection in the abdominal wall or in the sacro-lumbar region of

R.—White phenic acid..... 2 grams

Sterilized water.....100 grams

S.—At appearance of the catamenia make an injection of 5 grams, and repeat, if necessary, two or three times in the day.

Dysmenorrhea in young girls is nearly always due to a double cause.

First, the narrowness of the external orifice of the neck; mechanical lesion.

And, second, chronic congestion of the uterus, which, in puffing and tumefying the mucus of the cervical canal, brings the two faces of this mucus membrane the one against the other, and constricts even more the opening through which the menstrual blood should pass.

The massage of the sacro-lumbar region being the most rapid and efficacious method of combating the uterine congestion, the discongestion caused by the massage being more permanent than that obtained by hydrotherapy and stimulating baths, it is rational to utilize this method in the dysmenorrhea of young girls.

Massage the sacro-lumbar region according to the usual technicæ: Frictions, pressions, kneadings, slappings, etc., once a day during the intermenstrual period.

If the massage is practiced regularly for a fortnight preceding the epochs one discovers nearly always that the menstruation conquers the disease, and the flow establishes itself easily without great pains, whereas, previously, there were two or three days of extremely severe pains before the appearance of the menstrual flow.

As the dysmenorrhea was caused by the narrowness of the external orifice the cervical canal is now become permeable by the suppression of the congestion, and the obstacle exercises only limited restraint compared with that at

the commencement of the treatment. Henceforth the pains are reduced to a minimum.

—J. Cheron.

ENDOMETRITIS.

In cases of slight endometritis when direct exploration of the uterine cavity and dilatation are not necessary the application of medicated pencils effects a rapid cure.

For this purpose use the following crayons:

Iodoform powder..... 10 grains
Gum tragacauth..... 50c.
Glycerine g. s.
Distilled water..... q. s.

For ten crayons, the size of crayon is always that of a pencil of nitrate of silver.

Resorcine or salol can be substituted for the iodoform; the same dose being employed.

—F. Ferrier.

TREATMENT OF ECLAMPSIA.

Charpentier (Archives de Tocologie, 1893, p. 509), in a collection of 454 cases from various sources gives his results as follows: Children dead before or during labor 164, or 36.12 per cent.; maternal mortality 110, or 24.88 per cent. His conclusions are as follows:

1. Every pregnant woman who is albuminuric is exposed to eclampsia. Consequently, we should examine the urine of all women during the period of gestation, and if the least trace of albumin be found, they should at once be placed on an absolute milk diet. Milk is, above all, the best preventive of eclampsia.

2. Whenever one deals with an eclamptic, if she be strong, vigorous, and very cyanosed, start with a bleeding of 400 to 500 grammes, then administer chloral and milk as soon as possible.

3. If the patient be delicate and less cyanosed, and if the fits be less frequent, omit bleeding.

4. As far as possible let the labor occur spontaneously, and terminate without interference.

5. If labor be spontaneous, and uterine contractions fail, use the forceps or version if the child be alive. Should it be dead, we should have recourse to cephalotripsy or cranioclasia.

6. Avoid interference until the maternal parts be so dilated, or dilatable, as to make it safe for the mother.

7. Reserve induced labor for excep-

tional cases, where medical treatment has failed.

8. Reject absolutely Cæsarean section and forced labor; above all, forced labors by the deep incision of the neck.

ABDOMINAL TUMORS.

Enlargement of the abdomen is a frequent sign in cancer and aneurism; the stomach, pylorus, pancreas, mesentery and ovary being the usual seats of abdominal cancer, while the hepatic, mesenteric and iliac arteries, aorta and celiac axis are the vessels most prone to aneurism. But the tumor may be due to many other causes, and must be carefully diagnosed from ovarian and uterine fibroids, ovarian and parovarian cysts, extra-uterine fetation, fecal accumulations, ascites, aortic excitement, enlargement of left lobe of the liver, gall stones, psoas abscess with pulsation, distended bladder, retained testicle, diseased lumbar glands, tumors of the liver, spleen or kidney, movable kidney, phantom tumors, appendicitis, and even certain forms of neuralgia of the intestines.

All these groups of affections may pretty closely simulate each other so far as the abdominal swelling is concerned, and when they have been excluded by careful diagnosis they will leave either cancer or aneurism as the most likely cause of the distension.

THE SURGICAL SIGNIFICANCE OF DUST.

Haegler (Beitr. zur klin., Chirurgie Band ix., p. 496) has found by experiment that floating germs in the air of an operating-room may be almost entirely removed by steam, and that their reaccumulation is best prevented by keeping the floor, walls, and furniture damp. Before removing the dressing from the field of operation it should be moistened with sterilized water. No dressings intended to be placed over the wound should be exposed, but they should be kept in closed dishes, the interior of which is kept moistened with an antiseptic solution. The dust on the floor and walls of the operating-room is to be regarded as infectious material, the evil effect of which may be neutralized by saturating the room with steam a half or a quarter of an hour before the operation. The operator and his assistants should pay particular attention to the hair, which should be moistened or oiled. Sterilized gowns are safer if they are worn when they are still damp from the sterilizer.

Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., 665 Lexington Ave., New York.

TO OUR SUBSCRIBERS.

To give our readers the benefit of every advance step in electro-therapeutics, we invite the special co-operation of earnest, painstaking investigators, who are habitually too busy to write long and ambitious articles, but whose brief, pointed, practical records of cases would be full of value and interest. In this department we shall be glad to find room for our friends in this important field to report their experiences, discoveries, inventions and original ideas.

Address these contributions to "Electro-Therapeutics," "Times and Register," 1725 Arch street, Philadelphia.

Editor "Times-Register."—With your permission I will report the following cases, treated entirely by electricity:

Mrs. F., age 63 years, had eczema since she was 16 years of age, eventually affecting entire surface of person, worst on scalp and mammary regions; the latter for long periods at a time became very red and inflamed, producing much pain and intense itching, with marked exfoliation, especially of the scalp, simulating seborrhea. The patient is of neurotic diathesis.

After 34 applications of central galvanization (Beard & Rockwell), paying no attention to local parts, extending over a term of about two months, improvement was so decided she ceased treatment and has ever since, a lapse of nine years, been practically free from her former trouble.

Miss W., aged 23 years, colored, consulted me two and a half years ago concerning very severe pain in a cicatrix in her left breast, from where a growth the size of a hen egg had been removed some months previous. Suffering extended to enlarged glands in the axilla.

As the girl was at service in Philadelphia, I referred her to the former managing editor of "Times-Register," whose opinion bore heavily toward malignancy, and suggested a repetition of surgical means, which was refused. Upon her return to me I performed electrolysis, employing negative electrodes in the

parts on several occasions with entire satisfactory results. No discomfort since except the usual tenderness at menstrual periods.

Truman Coates, M. D.,
Russellville,
Chester County, Pa.

MEDICAL ELECTRIC CURRENTS.

The well-known forms of medical electricity are represented by six great currents, viz., the constant galvanic, the interrupted galvanic, the primary Faradic; the secondary Faradic, the constant static current and the interrupted static current.

As each of these currents has two separate polarities, opposite in action as stimulants and sedatives, or as strychnine and the bromides, or strong coffee and opium, this at once multiplies the six by two and places twelve distinct agents at the command of the electrologist. The effect of each of these is again subdivided and multiplied in countless ways.

THE GALVANIC CURRENT.

Let us take for instance the first electric current, Galvani's great discovery; consider the local polar and inter-polar actions, its electrolytic, cathaphoric and catalytic properties; the anodyne, sedative, anti-congestive, denutritive, styptic, astringent, hemostatic and caustic action of one pole, and the stimulating, congestive derivative, alterative, softening, relaxing, liquefying, resolving action of the other pole; its subtle influence on the nervous system, the circulation and nutrition, the functions of muscles and organs, and its mysterious vitalizing power. Something may be said of the different effects of large and small doses of drugs, but take into account the vast range of action and the strikingly differing and wonderfully varied effects of Galvanism administered through a dosage all the way from one to five hundred milliamperes of current strength. Yet this is not all the secret of its potential influence. Mechanical devices, called electrodes, constitute the medium

by which the electric current is conveyed into the human body.

They are made of many metals—copper, zinc, brass, iron, carbon, platinum, lead, aluminium—through each of which there are obtained diversities in effect. For some purposes the metal is left bare, for other uses it is covered with various substances, clay, felt, sponge, chamois, etc. They are made in a great number of sizes and shapes, adapted, like a surgeon's instruments, to the special needs of every portion of the anatomy, eye, nose, throat, skin, spine, urethra, rectum, uterus, tumors, moles, facial blemishes, hair follicles, etc.

These mechanical devices give the galvanic current an infinite variety. But more than this, the current can be made ascending or descending, direct or indirect, can be concentrated or diffused, can be made to drive important drugs, such as sulphur, mercury, arsenic, iron, iodine, cocaine, chloroform, the salts of lithia, soda and potash, etc., directly into the tissues, joints, neoplasms, etc., where they are most needed, saving the systemic disturbance of large doses by the stomach.

Added to all this is the special effect obtained by reversing or alternating the polarities as well as by "interrupting" the current. The interruptions can be made fast or slow at the will of the operator, can be 25 or 2500 per minute, and according to whether they are fast or slow the therapeutic action is modified.

Even this is not all the wonderful story of galvanism. "Time" is a factor that enters into the quality and character of its achievements. Weak, moderate and strong currents, positive or negative, constant, alternating or interrupted, are applied for a brief instant, or during protracted seances of 20, 30 or 40 minutes, according to the nature of the case. Frequency of treatment is the last thing to be prescribed, and it may be twice a day in certain acute inflammatory conditions, or once a day, or one, two or three times a week, and continued for the period the disease demands.

THE FARADIC CURRENT.

We have so far only considered the first of our six electric currents. Let us now discuss the current evolved from induction coils.

Let us see what therapeutic variety it possesses. It has the two polarities which multiply and contrast every effect produced by every current: it has the primary induction current, so useful in several conditions, and as a local stimulant and to relieve pain. It has secondary induction coils of fine, medium and coarser sizes of wire of different lengths. The finer coils are each tapped in various places, these coils alone giving 32 gradations of quality in the effects of the current. The strength of the application is modified by an ingenious mechanism, so that every variation, from the most sensitive and soothing to the strongest and most stimulating current required in medical usage can be instantly regulated by the operator. The "slow" interrupter of the battery can be adjusted to give from 25 to 200 vibrations per minute, and is applied to all the coils, primary and secondary alike, by means of switches and slides. But the greatest advance in this scientific and beautiful battery is the rapid vibrator, which can be tuned by means of set screws, to produce vibrations from a few hundred up to many thousands per minute. With figures like these before us the many-sided curative properties of this agent seem easier of comprehension.

STATIC ELECTRICITY.

It yet remains for us to mention that marvelous therapeutic wizard called the "Static machine." It is the oldest of electrical devices, yet among the latest to fall into line with scientific improvements. Brought at last to successful development it assumes a very high rank of practical utility. The subject, however, of electro-statics is too large to be dealt with fully here. By means of this powerful machine we apply to the insulated patient the tonic influence of either pole, the magic "breeze," the soothing, strengthening, pain-destroying "spray," the keen but wonder-working "sparks" and the searching stimulus of "massage." The question naturally arises, Which is the most important kind of electricity—galvanic, faradic or static? The answer is plain: We could not do without either; all have their place, and nothing else can fill the place of any one of them.

S. H. MONELL, M. D.

Miscellany.

MODERN MEDICINE.

First they pumped him full of virus
from some mediocre cow,
Lest the small-pox might assail him, and
leave pit-marks on his brow;
Then one day a bullbog bit him—he was
gunning down at Quogue—
And they filled his veins in Paris with
an extract of mad dog;
Then he caught tuberculosis, so they
took him to Berlin,
And injected half a gallon of bacilli
into him.
Well, his friends were delighted at the
quickness of the cure,
Till he caught the typhoid fever, and
speedy death was sure;
Then the doctors with some sewage
did inoculate a hen,
And injected half its gastric juice—into
his abdomen;
But as soon as he recovered, as of
course he had to do,
Then came along a rattlesnake and bit
his thumb in two;
Once again his veins were opened to
receive about a gill
Of some serpentine solution with the
venom in it still.
To prepare him for a voyage in the
Asiatic sea,
New blood was pumped into him from
a leprous old Chinese;
Soon his appetite had vanished, and he
could not eat at all,
So the virus of dyspepsia was injected in
the fall;
But his blood was so diluted by the rem-
edies he'd taken
That one day he laid him down and
died, and never did awaken;
With the Brown-Sequard elixir, though
they tried resuscitation,
He never showed a symptom of reviv-
ing animation,
Yet his doctor still could save him (he
persistently maintains),
If he could only inject a little life into
his veins.

—Puck.

CHANGE OF NAME.

For reasons of copyrighting the name
"Diphtherine" the German Chemical
Company, of Chicago, have changed the
name of their antiseptic product to
"Iodophine," the formula of which is:
Hyd. chlor. cor., acid boracic, iodoform,
acid carbolie, acid lactic, eucalyptus,
pepsin, ether, held in solution by pure
oil of petroleum.

URAEMIC COMA.

Lavage of the stomach with pure
water will often rouse the patient from
the milder degrees of this serious condi-
tion.

—N. Y. Med. Record.

TO CLEANSE STEEL INSTRUMENTS.

First scour with wood ashes and
water. Then place in a weak solution
(10 to 15 drops to the ounce) of hy-
drochloric acid, then wash with pure
water, after which place in a saturated
solution of chloride of zinc for 24 hours;
wash carefully with water, dry thorough-
ly. The steel now appears as if nicked.
They are to be polished with a paste
composed of 15 grms. of cyanide of
potassium, 15 grms. of soft soap, 30
grms of whiting and water; they are
then to be lightly oiled, and wiped dry.

—La Rev. Med.

E. W. B.

Prescriptions.

SPRAY IN SIMPLE CHRONIC RHINITIS.

	Gram.
R Sodii Boratis.....	1
Sodii bicarbonatis.....	1
Ol. eucalypti.....	12
Thymolis.....	06
Mentholis.....	03
Glycerini.....	15
Aq. ....ad.	30

M. Add two teaspoonfuls to one ounce
of warm water and use as a spray.

—Dr. Carseberry, Med. Press.

INCONTINENCE OF URINE.

	Gram.
R Strych. Sulph.....	06
Pulv. Cantharidis.....	12
Morph. Sulph.....	09
Ferri Redact.....	120
Fit. Pil. No. XL	

S. One pill thrice daily to a child ten
years of age.

NEVUS.

	Gram.
R Hydrarg. Chlor. (Corrosivi)....	1
Collodii.....	15

Sig. Apply with a brush locally to small
superficial birthmarks.

—S. D. Gross.

THE TREATMENT OF PSORIASIS.

The following local treatment of psori-
asis is found to be very serviceable by
Dr. Eddowes (London). The various patches
are painted, after removal of the scales
with soap and hot water, with a satu-
rated solution of tincture of iodine, about
once a week, and an ointment consisting
of equal parts of the ung. sulphuris and
the ung. picis liquidum applied daily.
Another useful application is the fol-
lowing:

	Gram.
R Ung. picis liq.....	10
Acid salicylatis.....	160
Ung. lanolini, ad.....	30

S. Apply locally.

The Times and Register.

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WHOLE No. 815.

Original.

ON THE TREATMENT OF SOME FORMS OF STONE IN THE BLADDER BY PERINEAL LITHOTRITY, WITH A DESCRIPTION OF THE INSTRU- MENTS USED.*

BY REGINALD HARRISON, F. R. C. S.

Surgeon to St. Peter's Hospital, London.

I have recently completed a record of over 400 operations for stone in the male bladder. These figures include instances of almost every recognized method of removing a calculus from this position, and though lithotrity, as I saw practiced by my late friend, Professor Bigelow, of Boston, under the name of litholapaxy, largely predominates, lateral, median and supra-pubic lithotomy, in their various modifications, have from time to time been utilized.

The greater number of persons thus operated upon were male adults up to 82 years of age, though these figures include 56 male children, who for the most part were treated by lateral lithotomy. As showing the safety with which the lateral operation can be practiced in these young subjects I may mention that only one death, or failure to recover completely, occurred, and this was due to chronic pyelitis some weeks after the operation.

The stones removed by me in the course of these 400 operations include almost every variety in known chemical composition, though the hard urates and oxalates were the more frequent. One of the largest specimens of cystic calculus, weighing 1050 grains, now in the

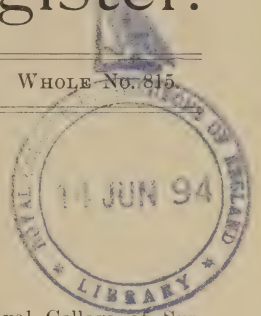
Museum of the Royal College of Surgeons, was successfully removed by lateral lithotomy. Medium sized stones, from half an ounce to half a drachm in weight, were by far the most common, though some larger specimens, up to four ounces, occasionally presented.

These points are referred to incidentally for the purpose of showing that my practice has not been limited to one method of treatment, but has been varied to meet the different conditions under which stone in the bladder has come under my notice.

It may possibly be urged by some, considering the progress lithotrity has made during the present half century, that, save in instances where the stone is of such dimensions as to be beyond the capacity of any lithotrite, no other operation for its removal is now advisable. Such a view might be accepted if lithotrity, pure and simple, were always the entire success immediately and permanently we could desire. Mr. Cadge has pointed out in his Hunterian Lectures before the Royal College of Surgeons (1886) that the number of recurrences after the crushing operation, even in the hands of some of its warmest and most competent advocates, is such as to considerably detract from its completeness.

As in the case of other surgeons engaged in work of this kind I may state in general terms that my mortality has been a gradually decreasing one. Taking my last one hundred cases of stone operated upon by the various methods referred to, and excluding children and males under puberty, my number of deaths following crushing and nine cutting operations did not exceed five per cent. These cases, no doubt, at the present moment represent the

*Read before Surgical Section of International Congress at Rome, April 3, 1894.



best period of my work, and may be regarded as an outcome of the great advances that have been made in the operative treatment of stone in its various directions by Bigelow, Thompson, Cadge, Guyon, Keegan and Freyer, to each of whom we are indebted for something distinctive, in either the method or the application of treatment.

Fully recognizing the work of these distinguished surgeons, I am at the same time disposed to give some prominence to three circumstances which have contributed in no small measure to the results I have arrived at: (1) To the earlier diagnosis of stone which now prevails, and the application of treatment before the calculus has attained any considerable dimensions; (2) To the detection of a stone in the bladder with the sound, being concurrent with its removal; and (3) To a more extended experience in selecting the most appropriate, and therefore safest operation

The object of this paper, however, is to briefly describe a method of operating which has been found particularly applicable to some exceptional cases, and where the results obtained from it contributed materially to the small mortality of a series of operations which embraces both lithotomy as well as lithotrity.

It is not necessary for me to enter upon the history of perineal lithotrity, and to trace the various modifications which have from time to time been described. The proceeding has been referred to by Dr. Gouley, (a) of New York, in the following words:—"The name of perineal lithotrity was given in 1862, by Professor Dolbeau, of Paris, to an operation completed in one sitting by which the membranous portion of the urethra is opened, the prostate and neck of the bladder dilated, instead of being cut, and a large stone crushed, and the fragments immediately evacuated."

It was with this definition before me that I entered upon the study and practical application of the principles of this operation. I published my first communication (b) on perineal lithotrity some years ago, and I have practiced it in fourteen instances in male adults. In every example the operation was suc-

cessful, recovery being rapid and complete, and I am not aware that recurrence of stone has in any one of these cases followed.

The chief features in connection with the operation I am about to describe are: (1) The mode of obtaining access to the interior of the bladder from the perineum; and (2) The mechanism connected with crushing and evacuating the stone.

From a number of experiments I made on the dead subject as well as from the performance of median cystotomy on the living for various purposes, it seemed unnecessary to do more than to make an opening from the perineum into the membranous urethra at the apex of the prostate, on a grooved staff passed along the urethra, sufficient to admit the introduction of Wheelhouse's small tapering gorget, and subsequently the index finger into the bladder, as for digital exploration, or, as is done in the bou-ttonniere or Cock's operation—more than this is not necessary. In Dolbeau's operation direct access to the bladder was obtained by this route, aided by the use of an expanding instrument by means of which the prostatic urethra and neck of the bladder were dilated. It seemed to me, from some experiments made on the cadaver, that the latter means of dilatation was not only unnecessary, but was open to the objection that, unless used with the greatest care, it was possible to inflict serious damage.

Further, I succeeded in demonstrating that by means of crushing forceps shaped somewhat like the blades of a lithotrite, and not exceeding by actual measurement in circumference that of an ordinary index finger, sufficient power might be provided to crush and assist in evacuating any stone that could be fairly seized in this way. These forceps are provided with a cutting rib within the blades, and the more powerful instruments, as you will see, from the specimens I am showing you, are fitted with a movable screw on the handle. The fragments may subsequently be withdrawn by means of aspirator catheters passed through the wound, or even by the forceps. If care is taken to make the perineal wound correspond in size with the evacuating catheters, which should be of about the size of an ordinary in-

(a) "Diseases of the Urinary Organs," 1878.

(b) The "Lancet," September 22, 1858.

flex finger, there is no difficulty in keeping the bladder distended during the necessary manipulations.

The chief points in favor of this operation are these: (1) It enables the operator to crush and evacuate large stones in a short space of time. (2) It is attended with a very small risk to life as compared with other operations where any cutting is done, such as lateral or supra-pubic lithotomy, and is well adapted to old and feeble subjects. In his recent address, Mr. Swinford Edwards (c) shows that the latter operation for large stones has a mortality somewhere about 50 per cent. (3) It permits the operator to wash out the bladder, and any pouches connected with it, more effectually than by the urethra, as the route is shorter and the evacuating catheters employed of much larger calibre. (4) The surgeon can usually ascertain, either by exploration with the finger, or by the introduction of forceps into the bladder, that the viscus is cleared of all debris. (5) It enables the surgeon to deal with certain forms of prostatic outgrowth and obstruction complicated with atomy of the bladder in such a way as to secure not only the removal of the stone, but the restoration of the function of micturition. (6) By the subsequent introduction and temporary retention of a soft rubber drainage-tube states of cystitis due to the retention of urine in pouches and depressions in the bladder wall are either entirely cured, or are permanently improved. To lock up unhealthy ammoniacal urine in bladder that cannot properly empty itself after a lithotomy is to court the formation or recurrence of a phosphatic stone. Hence it is well suited to some cases of recurrent calculus. I have never known the wound to remain unhealed, except in those instances where, for some reason or other, it has been desired to construct a low-level urethra, as in an instance I have recorded elsewhere. (d).

It is well adapted for some cases of stone in the bladder complicated with stricture in the deep urethra, as it enables the surgeon to deal with both at

the same time. Nor does it expose the patient to the risk which may be attendant where lithotomy is performed with a weakened or permanently damaged urethra. Dr. Bazy (e) has also recently illustrated its advantages under these circumstances.

I will conclude this paper with a brief record of three illustrative cases, and show the specimens removed:

(1) A man, 24 years of age, who was cut for stone by a perineal method ten years previously, came under my care in 1888 suffering from a large stone in the bladder and a small perinæ fistula, the result of the preceding operation. As I thought it best to try and remove the stone and close the fistula at the same time, I adopted the method I have described, and broke up with the forceps, and extracted a large phosphatic stone weighing nearly three ounces in a few minutes. The fistula tract was doubtless included in the line of section. A drainage tube was introduced into the bladder through the wound. On the fifth day normal urine was discharged through the tube, when the latter was withdrawn and the wound closed soundly in forty-eight hours. The patient was known to be well two years after this operation.

(2) A man, aged 52, came into St. Peter's Hospital in 1893, suffering from calculus and some form of prostatic obstruction. The latter complication requiring attention I selected the perineal method, and in a few minutes, partly with the crushing forceps and partly with the evacuator catheter, I removed over three ounces of very hard urate calculus in addition to a polypoid excrescence of the prostate as large as a good-sized grape. A drainage tube was passed into the bladder through the wound, and the operation was completed without delay; the tube was retained for a week, and on its withdrawal the wound healed in a few days.

(3) The third case was that of a man, aged 62, whom I operated upon in 1890. He had undergone five operations previously by other surgeons for stone, which seemed to be primarily a urate calculus, and subsequently phosphatic. When I saw him another stone had formed within eight months, his bladder

(c) "Medical Press and Circular," October 12, 1892.

(d) "Surgical Disorders of the Urinary Organs," 4th edition, 1893, by Reginald Harrison. Churchill, London.

(e) "La Semaine, Medicale," February 17, 1893.

was pouched and almost completely atonic, as he was largely dependent upon his catheter. The state of his bladder, irrespective of the size of the stone, led me to select perineal lithotomy. There was a large post-prostatic pouch containing an ounce calculus, which was readily crushed by the forceps, and removed in a few minutes. I also twisted off a piece of prostatic outgrowth, which seemed to act as a valve. A drainage tube was retained for over three weeks, when the urine being normal it was withdrawn. The wound healed soundly in the course of a few days. The power and function of the bladder has been completely restored, and there has been no recurrence of stone.

I have selected these three cases as illustrating conditions of complication which not unfrequently render lithotomy an imperfect success. The alternative operations of perineal or suprapubic lithotomy, as usually practiced, would, I believe, have exposed the patients to a greater risk than I liked to incur. I therefore selected a proceeding which seems to me, whilst providing a most efficient and convenient means for rapidly removing a stone from the bladder, is, at all events, free from the risks of hemorrhage and shock as not rarely attend the older forms of lithotomy. If a stone could be dealt with as soon as it was retained in the bladder no other operation than lithotomy would ever be practiced, except, perhaps, in some few instances where a calculus is the natural consequence of some diseased condition within the bladder which is capable of being removed.

MEETING OF THE PANCOAST SOCIETY.

(PHOTO-MICROSCOPY.)

(BY T. S. MIDDLETON.)

At a meeting of the Pancoast Society of Anatomical and Clinical Surgery, held at the Medico-Chirurgical College, Philadelphia, April 12, 1894, the subject of "Microscopy and Photo-Microscopy" was discussed.

T. S. Middleton presented and demonstrated before the society and several visiting doctors a microscope of new design, and original. After showing the condition of slides that were several years old, and demonstrating the importance of immediate photography, some of the slides were used in the new

instrument, which magnified the slide to eight inches, and, because of the immense size, it showed at a glance the weakened details due to age. In a microscope this defect would not be so bold.

After a thorough demonstration, the instrument was changed in a few moments to demonstrate the use of the instrument in photography. A small sheet was drawn over a blackboard and on it thrown some of the work done by the instrument, which for detail and definition stands among the finest ever seen. The most important were three or four specimens of developing bone, sections of the stomach and intestines, muscle, kidney and prostate gland, developing teeth, female generative organs, optic nerve and a large number of others. After the exhibition the merits of the instrument were considered, and it was examined by all present, questions asked and notes made. An explanation of a \$5.45 microscope was given. I consider it of as much importance to the scientific man as to the student to first consider its cost, then its advantage over the high-priced instrument, by being able to see a section with both eyes, and in place of the small eye-piece which gives but a $\frac{1}{8}$ -inch opening. As in the microscope, you can get any section with detail from one inch up to five feet, it being a question of light only. By this explanation I hope to answer the many questions that are continually being asked concerning the instrument, which is now so largely used in all kinds of researches.

On examination it will be seen that anyone can construct this simple instrument. For a general explanation I will say that the funnel is tin, and the plate which takes the place of the eye-piece is common ground glass. The tube is a piece of thin brass pipe, $2\frac{1}{2}$ inches long and 2 inches in diameter, with a society thread cut in the end. A short piece of rack, soldered to the under side, to operate the focal distance. A small pinion and a thumb piece. The balance is of wood. It is necessary to paint the inside of the tube and funnel with a black paint, without any gloss, or what is known as dead black, for a neat finish. I painted the one I now describe all over, which gives it a very neat appearance.

Going into a minute description of the instrument, we take a board 2 feet long,

4 inches wide, 1 inch thick; on its edges screw parallel strips having on their surface bevel edges. This forms a dovetail or slot for the various parts to slide in for adjustment. The funnel is an ordinary funnel with the end off to concentrate the light. I have a strip of tin soldered to the under side to form a foot, and screw it on a piece of wood that has been fitted in the dovetail or slot. Behind this is the slide holder, made of very light wood, secured to a base fitted in the slot. The upright has a hole cut through it about three-quarter inches in diameter, to permit the image and light to pass through. On its face, to hold the slide the same as the stage of the microscope, is two spring brass fingers. Behind this is the brass tube which any instrument maker will furnish. The one I have cost me 45 cents complete. A ring is worked out of a piece of wood. It should not be less than one inch thick. This thickness prevents any tendency to bind. Cut out a small notch for the rack, which also serves to keep the tube from turning. Because of the small pinion that operates the rack it is necessary to cut the ring in half at the bottom of the rack. This is to allow for the cutting of the recess for the pinion and the shaft for thumb piece. This is also fastened to a base piece that is fitted into the slot. Finally, we have the object glass, which is simply a ground glass. Any white material can be used, but from experience I would suggest a piece of ground glass six inches square. The objection to cardboard is that you have the image on but one side, and on the ground glass you have it on both sides. Muslin has the same effect. The holder is constructed of very light wood, and secured to a base which has been fitted into the dovetail or slot.

Thus it will be seen that all the parts are adjustable in the slot, the same as a costly instrument. If at any time you want to produce a section, say two feet square, you slide out the ground glass and holder, tack on the wall a sheet, and place your instrument in such relation as will produce the desired size—thus enabling a class to study at the same time, from the same section. Care must be taken to have the centre of funnel, the hole in the slide holder and lense on a line. The distance from centre line to the board should be about three inches.

The light is a very important feature and from experience with the microscope you appreciate what a good light means. So I suggest that you give this your closest attention. I have seen many forms used in the instrument, from a candle to a "lime light." From my own experience I have a cheap magic lantern with a two-wick lamp, and from it I get splendid results. You use the lantern with the condensers (and not the lenses,) thus you have a powerful light, assisted by the double condensers, and a reflector thrown into the funnel. I saw one at Trenton made with a tin cracker box, having a hole cut in its side on a level with the flame and a strong reflector behind it, which gave good results.

The darker the room the stronger the detail.

The stronger the light thrown into the funnel the stronger the detail.

The lense may be an ordinary low power one. In purchasing, buy it with the privilege of exchanging it. The thread is what is called a society thread, which will fit any lense.

If at any time you desire to photograph your slides, you can do so by removing the ground glass and substituting a small camera without any lense—taking pains to focus very carefully. Put some glycerine on the ground glass and use a good hand glass to assist. Your exposure depends upon the light, which, if strong, expose from $1\frac{1}{2}$ minutes to $2\frac{1}{2}$. A little experience will decide this for you. In "Photo Microscopy" always use the Carbutt-Ortho plate, size $3\frac{1}{4}$ by 4. With this size you have a lantern size, and this make of plate enables you to get the full color values of the stains, blood, fats, etc. Develop with the Hyp-developer.

MOVABLE KIDNEY.*

BY FRED. L. BAKER.

The condition known as movable kidney might be expected to be more common, because this organ is found behind the peritoneal cavity, enclosed in a mass of fatty tissue, and receives no support from the peritoneum like other abdominal organs do. Even the vessels which give support to the kidney are at right angles to the force of gravity when the body is in the erect attitude.

*Abstract of essay read before the Pancoast Society of the Medico-Chirurgical College of Philadelphia.

In some conditions of malnutrition the organ loses its fatty support and becomes more or less movable. This may be limited, as such absorption of the fatty capsule is limited. Again, the continuity of the fatty capsule may be entirely destroyed and the movements of the kidney limited only by the vessels which carry its nutrition and by direct contact with the structure in its immediate relation.

The condition of movable kidney may be studied from these points:

1. The effect upon the organ itself.
2. The effect upon the surrounding structures.
3. The effect upon the central nervous system.

The effect upon the organ is of great importance, for it involves both nutrition and function. When the supporting capsule is removed the organ is swung by the vessels which carry substance for its metabolism, hence the vessels are irritated, they grow in length and lessen in lumen, and nutrition and function are much impaired. The organ continually increases its range of movement and alters its position with every turn of the patient. The kidney may undergo coagulation necrosis from contortion and obliteration of its vessels or may atrophy or become the seat of abscess formation.

In its relation with the surrounding tissues those with which the kidney comes in contact in obedience to the laws of gravitation when the patient is in the upright position concerns us most. The posterior wall of the peritoneum in conjunction with the mesentery and small intestines, the duodenum in relation to the right kidney, and the upper portion of the descending colon with the left, are the structures with which adhesions are apt to occur.

The effect upon the central nervous system is shown by the serious implication of the stomach, which becomes so irritable that not the least portion of food can be retained. This will not seem strange when it is considered that the relation of the renal plexus of the sympathetic with the splanchnic nerves and the solar plexus is most intimate, as well as that with the pneumogastric and spinal nerves of the cerebro-spinal system. Probably no other condition so demonstrates the unity of the entire nervous mechanism as movable kidney.

The etiology of this condition is probably malnutrition. The fat surrounding

and supporting the kidney is of a peculiar kind; peculiar because its function requires a marked degree of firmness, which firmness is insured by making this fat rich in stearine. If from any cause the chemical condition of this substance is changed, it loses its firmness, and the connective tissue is so scanty that the kidney is allowed to move in its fatty capsule, or, the continuity being dissolved, it is absolutely freed.

When motion is limited diagnosis is difficult, and this condition may occasion much unaccounted for suffering. When motion is extensive, diagnosis is easy, because it is a condition of emaciated subjects. The patient may be placed in various positions and the region of the kidney palpated bimanually and the kidney will be found in the most dependent portion.

Regarding the treatment of this condition extirpation is to be considered only when the condition of the patient demands such operation, or when, from a large amount of pus in the urine, abscess of the kidney is evident. The median incision is preferable. Occasionally, when the organ may be of some use to the individual, it may be secured to the muscular walls of the back by opposing the edges of the wound to vivified portions of the organ, so that union by first intention may be obtained and the organ thus secured in position. All necessary antiseptic precaution should be observed.

STRYCHNINE AS AN ANTIDOTE FOR CHLOROFORM POISONING.

Washburn ("Therap. Gaz.," February, 1894) records a case of a patient who had swallowed two ounces of chloroform with suicidal intent being found in the street in a condition of profound narcosis. His pupils were widely dilated and inactive. His respiration was so shallow as to be almost imperceptible, and he had the weak, irregular pulse of the dying man. One-twentieth of a grain of strychnine was injected hypodermically, and artificial respiration applied, with the result that, after a few minutes, the whole aspect of the case changed, the respirations becoming deep and full, and the pulse also improved. After an hour another injection of 1-60 gr. of strychnine was given. Two hours after being called to the case the author was able to communicate with the patient, and to get him to confess the cause of his condition. Recovery was complete, the patient, however, passing through a severe attack of gastritis.

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PHILADELPHIA, APRIL 21, 1894.

DR. J. F. B. TURCK, OF CHICAGO, ILLS., ON THE ROTATORY GAS-TRIC-SPONGE FOR PURPOSES OF DIAGNOSIS AND TREATMENT IN CASES OF FOLLICULAR INFLAMMATION OF THE STOMACH.

Before the section of internal medicine at the International Medical Congress, recently held in Rome, one of the most remarkable and interesting exhibitions of American progress, enterprise and skill in the science of medicine, was made by another of Chicago's young, rising physicians.

Senn startled the world with his marvelous ingenuity, when, at our American International Medical Congress, he produced his decalcified bone plaster for intestinal anastomoses; but the effect was further heightened and intestinal surgery further simplified by the marvelous device of young Murphy, for immediate anastomoses by the metallic button.

Now, another young man comes forward with a device not for soldering and holding together the various segments and coils of the alimentary canal, but for actually descending into them,

moving about within them, ferreting out morbid conditions and alleviating them.

Dr. Turek's device consists of a long rubber tube within which is a rod made of twisted wire, which has a sponge attached to one end and a winding machine on the other. The tube and moist sponge are swallowed. Now the rod within the tube is put into active rotatory action, by an arrangement not unlike an apple peeler, which communicates a rapid rotatory movement to the sponge, which is now in the stomach. Its action is not unlike the burr of a dental engine. After the sponge has entered the stomach its movement may be distinctly felt with the hand over the epigastrium. Now it may be passed onward almost any distance through the pylorus into the intestine.

The doctor has treated over two hundred cases with it; as a general rule, with usually good results. It appears to be an instrument which in intelligent hands will be of unique service, as a diagnostic aid; and without doubt must be of value in a large number of cases of gastric maladies.

It is certainly one of the most valuable acquisitions in the mechanical surgery of this class of maladies; and in the near future will mark a revolution in the treatment of gastric diseases. Moreover, it undoubtedly has a wider range of application than its inventor intended, and will soon be utilized by surgeons as the instrument of value, in a large diversity of cases.

THAT LIBEL SUIT.

We trust that the editor of the Cincinnati "Lancet-Clinic" will receive full legal exoneration in his libel suit, in which he is defendant. He has taken a stand well founded against dangerous advertising, and should receive the support of every true physician who regards his professional bearing.

We understand that in the lower courts the Justice found the case important enough to bind the defendant over to the Grand Jury. This does not imply a great deal, for it is one of the recourses of lower court justices when suits of this character are presented.

We shall await with interest the proceedings of the Grand Jury in this case.

THE TREATMENT OF NASAL OBSTRUCTIONS.

The following apropos to this subject appeared in the "Medical Times and Hospital Gazette," recently.

"Dr. Spitzer advocates simple measures in the treatment of nasal obstructions. In cases of hypertrophic rhinitis he prefers weak reagents, such as iodine and iodide of potassium, to the ordinary astringents. In severe cases associated with induration he recommends chromic and trichloroacetic acid preceded by the application of cocaine. In this method only small tracts should be taken in hand at each sitting. The galvanic cautery is also applicable with the same precautions. After such treatment he closes the orifice with a cotton wool plug, which is retained for twenty-four hours, and otherwise enjoins rest of the nose. He condemns the modern anxiety to operate on the nose with saws, chisels, etc., which should be resorted to only when absolute necessity exists, owing to the frequently occurring sinus, thromboses and meningitis."

PLASTERS.

We are in receipt of a neatly arranged circular from Johnson Johnson & Co., of New York, with a description of their manufacture of plasters and surgical dressings.

This well-known firm is always at the front in the production of this class of goods. Their large factory at New Brunswick, N. J., affords every facility for turning out the best material in this line. We are particularly struck with the low price of the articles named in the circular price list, which simply means that this enterprising firm intends to meet the times with the best goods at the lowest salable price.

MIGRANINE.

Under the above name, Overlach, in "Deutsche Med. Woch.," describes the properties of a combination of antipyrin with caffeine and citric acid. He considers it a chemical combination of the three substances, and after five years' experience of its action in cases of migraine and other forms of headache he has come to regard it as an almost infallible cure, even in the most obstinate cases. It is useful whether given in

the premonitory stage or after the headache has fully developed, and it is seldom that more than one dose is required. The dose is 1.1 gr., to be taken dissolved in water. This quantity contains only 0.09 gr. of caffeine, or one-sixth of the maximal dose of this substance. It is recommended that the patient rest a while after taking the drug, especially in cases of severe migraine.

LOCAL TUBERCULAR INFECTION.

Legrani describes a case in the *Rev. de Therap. Med. Chir.* The patient pricked himself in the palm with a needle, which had been used three hours previously for an injection of iodoformized guaiacol on a tuberculous patient. Tubercular gumma followed at the site of the injection.

The pus of phlegmonous sore throat contains strepto and staphylo-cocci. Weidel has isolated in one case coli-bacilli. The presence of this microbe is exceptional in bucco-pharyngeal lesions. The question is, Was the bacillus the primary or secondary agent in the infection?

Correspondence.

THE INTERNATIONAL MEDICAL CONGRESS AT ROME.

From our Special Correspondent.

The International Congress is a success, in spite of chaos, confusion and conveyances. The meetings are held at the Polyclinic, and the cars and omnibuses stop some distance this side of that building.

The carriage rates are outrageous, to Americans, but average about ten to fifteen cents per load of 2 to 4 Italians.

Most of the scientific contributions are good, learned, but rather prosaic, as discussion is difficult if not impossible in a polyglot medical section. There has been little to startle the readers of the "Times and Register," as the articles in that paper have gone over the same lines of thought from almost every point of view. There is the man who operates on every hernia—and the one who doesn't operate at all—and between these extremes is every shade of opinion.

There are fibroids and tumors—and fractures and scurvy—just as in the

meetings at home. Though the medical philosophers of Europe are here it does seem as though the younger men have the honors decidedly on their side. Dr. Bastianelli gave a capital paper on his new gastro-enterostomy by means of the Paquelin cautery—this was a revelation to the men of theories. Dr. Thomas H. Manley, of New York, produced an exhaustive, thorough, yet crisp paper on Spinal Surgery, which made the Americans proud and happy. Dr. Murphy, of Chicago, made the sensation of the surgical section. Dr. Edebahts, of New York, told the technique and results of a method of shortening the round ligaments. This created some comment, and Dr. Douglas H. Stewart, of New York, dropped a little firecracker into the section of obstetrics called "Urinary testing of Puerperal fever." The Americans are nearly 120 in number, and are all armed with good and original work, but many were so late in arriving owing to delayed trains and steamers that their names were called and passed over in their absence. Of course the sections are so crowded that we shall not be able to have them read again. However, their papers will be published in the transactions of the Congress.

The genus gendarme seems to think that all Americans live in Chicago, for we have seen Chicago hotels, Chicago bread, almost everything it is possible to brand Chicago. But when an Englishman or one from the States asks the gendarme a question he shrugs his shoulders, points to the office where there is a French interpreter, and says, "he spik Shecarg."

The poor American is like a ewe lamb among eagles—he pays as he goes, and he does not go far. There are many entertainments for his benefit—free of course to others—but he pays if he goes. Subscription boxes abound in Rome for everything; the last one pasted up was for "Lame horses in Malta."

I am told, but not reading Italian cannot inform myself, there is a fund for the erection of a statue to Malpighi, and a fund for dinners, called banquets, which the visiting members will be obliged to pay for themselves. Of course, at our Congresses at home we have usually given the banquet at the termination of proceedings to our guests, but here the idea is something quite the reverse. In spite of many drawbacks

the Congress is a success. Only as a matter of course America is an honor to Americans, and Italy is so different, in our eyes at least; but one can be sure that the American delegates are fully equal to the task of representing the standing and progress of medical knowledge in the last decade of the nineteenth century.

D. S.

THE AMERICAN MEDICAL ASSOCIATION.

San Francisco is justly proud of her harbor, and since it is probable that the delegates and visitors to the American Medical Association will be given an excursion upon its waters it will be of interest to many to learn something of its beauties. We will imagine we are upon one of the large excursion steamers and are starting upon our day's outing. The usual rush through the gates for the boat at the last moment is over, the inevitable minute-too-late man has been left behind and is sorrowfully wending his way back to his hotel regretting the good time and the free lunch that have departed from him, and the boat with her load of guests has drawn out of the slip into the green bay, and with prow pointing northward is gathering headway for the journey.

It is not yet time for the usual afternoon breeze. The sun is shining bright through a sky that will rival in depth and color and purity of tone the more famous skies of the old world, to the right the green slope of the coast range of mountains, looking blue in the distance, rise gradually from the shore until having reached the sky the vision is interrupted, and the beyond is left to the imagination, while to the left the receding city with its undulating outline is growing gradually less distinct, and its rumble and roar is being replaced by the sound of churning waters from the wheels and the hum of happy voice. On the upper deck and forward is a good position from which to note points of interest.

To the eastward is Goat Island. This was formerly called Yerba Buena; its present name doubtless arose from the fact that during the early forties it was used as a goat pasture. At present it is one of Uncle Sam's possessions. The Oakland and San Francisco ferryboats run just south of this island and many tragedies are said to have occurred near its shores. Occasionally one reads in the papers of "The Demon of Goat Island." If any are curious as to the legend, inquire of some native son or daughter and be enlightened. Alcatraz Island lies to the north. It belongs to the United States and is used as a fort and military prison. It seems too bad to appropriate so bright a spot to such use as the latter, but Government and sentiment are not usually very closely related. Over to the left on the main shore is Fort Mason—commonly called Black Point, while

farther westward is Fort Point, backed by high bluffs that have recently been strongly fortified. The dirt mounds on their summits, covered with waving wild oats, look innocent enough, but hidden in their depths are engines of destruction so placed as to fully command the entrance to the harbor. About equidistant between the forts the Pacific coast headquarters for the army is located. The neat quarters of the officers are almost covered by trailing vines and climbing roses that partly obscure their outline. Soon after we have passed Alcatraz, all eyes will be turned to the westward to drink in the view presented. In the centre, like a mighty river lies the Golden Gate, beyond is the limitless expanse of the Pacific Ocean, to the north the Mission hills rise abruptly from the shore to culminate a few miles away in Mt. Tamalpais, while on the south the gentle slopes of the Presidio, dotted with evergreen trees, lead backward toward the city.

Our boat moves on and new scenes shut this one out, but the impression made will long remain. With a long sweep in toward Sausalito—nestling among the trees—at the mountain base, we have turned to the east, and are steaming along past Belvidere and Tiburn.

Angel Island, that we are now approaching, is of some interest to this company of sightseers. Here is located the quarantine station, and perhaps we will be given an opportunity to land and make inspection, but probably our boat will be headed for Raccoon Straits, through which we will pass and cruise about in the broad bay above.

Here we will have an opportunity to point out Red Rock, Two Brothers, Hen and Chickens, McNear's Landing—the most delightful picnic place on the bay—the Chinese village of shrimp fishers and other places with which we may be familiar.

Our objective point is Mare Island. This is the Government naval repair and supply station for the Pacific Coast. Through the kindness of Surgeon-General Tryon and Surgeon Wood, of Mare Island, we will be permitted to land and inspect all that is of interest.

Many famous old vessels have been refitted here, and perhaps some are lying in the offing now. After having spent an hour at this place we will board our steamer and start on our return.

There yet remains much to be seen, but the sun is reaching over toward the west, and we must hasten or it may be dark before the circuit is complete. We steam back past Vallejo, Port Costa, with its immense grain depots; Berkeley, our State University town; Oakland, the city of churches, and Alameda, the charming residence suburb. It will be of interest as we cross the bay on our way home to notice the Spreckels sugar refinery, the Union Iron works, where have been constructed such war vessels as the Charleston, San Francisco, and the Pacific Mail Steamship docks, where the Chinese coolies were at one time

landed by the thousands. The sun is dipping into the western waters, and as our boat glides into the slip the twinkling lights of the city invite us back to our accustomed duties, refreshed and invigorated by our day's outing, and ready for whatever of entertainment may yet be in store.

R. L. RIGDON, Secy.

Book Notes.

CLINICAL DIAGNOSIS BY ALBERT ABRAMS, M. D. Third edition, revised and enlarged. Published by E. B. Treat, No. 5 Cooper Union, New York, N. Y.

This work opens with an examination of medical cases. Then follow chapters on temperature, examination of respiratory system, examination of the thorax, cough, the examination of the sputum, examination of the heart, arteries and veins, the pulse and the blood, the latter with microscopic examinations. Then follow chapters on the digestive system, genito-urinary organs, the nervous system, and a chapter on parasites and bacteria. It is a very interesting and instructive work.

The book contains 254 pages, and has the characteristic neatness of appearance of the publications of Mr. Treat.

INTERNATIONAL MEDICAL ANNUAL FOR 1894. Price, \$2.75. Published by E. B. Treat, No. 5 Cooper Union, N. Y.

The Medical Annual is in its twelfth yearly issue. It brings before the practitioner, in the best form for rapid reference, every advance made in medical knowledge during the year. The design of the book is to bring the general practitioner into direct communication with those who are advancing the science of medicine. It contains 620 pages, and is a work well worth the price. It is admirably illustrated and contains reports of some very rare cases.

THE MEDICAL ANNUAL AND PRACTITIONERS' INDEX. 1894. Published by John Wright & Co., Bristol, England.

This is the English edition of the above work and contains very similar material. The illustrations are identical.

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

DIABETES.

Extract from contributions to the subject.
(Annals de Medicine.)

The relation of diabetes to pregnancy and accouchment is relatively little known. Loeb (1881) first drew attention to the matter. According to him diabetes in pregnancy is a symptomatic affection—the result of a reflex action on the liver.

In 1882 Duncan distinguished between physiological glycosuria of pregnancy and true diabetes with polyuria and abundant glycosuria.

In 1885 Licorche insisted on the gravity of the prognosis as regards the child when the mother is affected with diabetes. Fry, in 1891, pointed out the relative frequency of diabetes in the puerperal state. Bouchardat thought a diabetic woman could not become pregnant, but Licorche pointed out the fallacy of this opinion and remarked that generally the pregnancy only occurred at the commencement of the disease.

The cause of sterility does not depend on the presence of sugar, but on the accelerations of the mucous membrane of the uterus. It may be accented on the occurrence of pregnancy, and ameliorated after the accouchement.

The disease has a pernicious effect on the progress of pregnancy, and in a third of the cases produces abortion or premature delivery. When pregnancy goes to term the child is often dead and macerated. During labor, dilation is slow and the contraction feeble. During the lying in, glycosuria often disappears. In serious cases debility occurs with collapse, or coma, as an ending. Now, as to the influence of pregnancy over diabetes.

The aggravation due to pregnancy is generally admitted; the condition often becomes acute. The glycosuria increases, also polyphagia and polydipsia. Emaciation progresses rapidly, and the woman may have a pulmonary or cerebral complication. In a few rare cases diabetes is not aggravated by pregnancy.

It is not always seen before the occurrence, but may manifest itself during its course, generally about the 6th or 7th month, and at the end of several pregnancies.

The minor symptoms frequently fail in attracting attention, and diabetes is not recognized.

E. W. B.

FLATULENCE.

(Dujardin Beaumetz.)

This condition is distinguished from tympanites, as follows: In flatulence the gases pass off from the intestines; in tympanites they remain; again, intestinal flatulence must be distinguished from stomachal flatulency. The following relates to the intestinal variety.

Nervous affections hold a prominent place in the production of this condition, hysteria notably so. Foods, such as milk and the starchy substances, but the greatest factor is defective biliary secretion. Bile arrests fermentation, and when the secretion is interfered with gases are produced.

—Prog. Med.

The point of treatment in non-compensating mitral diseases is, according to Beaumetz, "to give back to the heart its contractility and return to their normal relations the respective tensions of the arterial and venous systems."

—Annals de Med.
E. W. B.

CHOREA—ITS TREATMENT.

DUJARDIN BEAUMETZ.

A glance over the numerous methods of treatment for this disorder is sufficient to show the confusion which exists, therapeutically, on the subject.

This results from the fact that chorea is varied in its manifestations, and, treatment successful in one case, fails in another. Therefore, the first requisite is to establish the diagnosis.

To chronic chorea has been added the mixture of athetosis and chorea, which has been called the athetoso-choreic symptom, also hereditary cerebellar ataxia. All the choreic movements of chronic character present an almost invariable incurability; these may be dismissed, and the study of acute chorea (common chorea, or chorea of Lydenam) taken up. Here again we find varieties. First, the origin of this chorea allows of dividing it into two large chief groups—that of rheumatic origin,

and that of hysterical nature. These may both, or either, occur in childhood, and by their co-existence render treatment difficult, and in addition to this the disease, having periods of increasing stationary, and declining stages, many cases of success or failure in treatment are due to the stage in which they happen to be.

Chorea may take on variations so different from the classic description (such as the paralytic variety) as to be difficult of recognition. What is to be done in those different varieties?

The part which these different factors play must be taken into account—the stage of evolution and the clinical form under notice.

For the rheumatic variety or allied cases the salicylates are advised, except that of soda, which has in the majority of cases proved a failure. Antipyrine seems to give better results.

In the hysterical variety bromides succeed best. Exalgine has proved serviceable. The failure of salicylate of soda in chorea, even of rheumatic origin, is due probably to the fact that, when the rheumatic poison attacks the cord or its membranes, salicylic acid treatment most frequently fails.

In resume, in rheumatic chorea antipyrine should be used, and the dose should be at least sixty grains per day. If the treatment be during the declining stage success is most probable in from fifteen to twenty days. In grave cases powerful hypnotics are required, which, by prolonging sleep, hinder the development of the choreic movements.

To the internal means external treatment must be added, such as douches, massage, gymnastics, etc. The co-existence of endocarditis should always be looked for, and the above means used in the declining stage.

For the hysterical variety the treatment is quite different. It attacks by preference the female sex. The typical signs are generally present, but there is never any heart complication. Bromides and hydrotherapy are the most useful agents. Frequently a tonic is also required and in these cases arsenic is useful, given in conjunction with the bromides and douches or the wet pack. Ether sprayed along the spine has been recommended by Lubleski.

In the paralytic variety bromides should be avoided; here the wet pack is advantageous.

Alimentation must be carefully carried out, and food easily masticated and digested is required (metal dishes, goblets, etc., should be used). The skin must be kept active.

—Bulle de Therap. E. W. B.

Gregori, Jr., has written a work entitled "Contribution to the Study of Central Hyperthermia, Consecutive to Lesions of the Cerebro-Spinal axis, particularly to Lesions of the Brain."

The book is at once a clinical and experimental study founded on observations comprising hemorrhages and wounds of the brain and spinal injury. The questions he endeavors to solve are these:

1. Does an immediate relation of cause and effect exist between certain non-infectious affections of the nerve centres and the increase of temperature which often accompanies them?

2. Are there intra-cerebral thermic centres?

Clinically, the significance of elevated temperatures, observed in epilepsy or hysteria, being questionable, since the anatomical cause which they reveal is in doubt, the author was limited to mechanical lesions of the cerebro-spinal axis. To reply affirmatively to the first question it was necessary to show elevation of the temperature in conditions such that all supposition of infection or secondary poisoning could be avoided.

This appears to have been done in the observations he makes—that hyperthermia may appear very rapidly in from 5 to 6 hours after the receipt of the injury, and that it is not explainable by inflammation either in the nerve centres or the viscera; that it cannot be imputed to the absorption of septic matter from the central wound.

Experiments confirm this view. They prove that hyperthermia can be produced in 3 hours after a central puncture made antiseptically.

On the other hand these experiments, which number 70, do not agree with those of other observers, who have described thermic centres in the brain. They indicate clearly, it is true, that lesions of the latero-ventricular region are alone capable in the rabbit of determining an elevation of the rectal temperature, but they do not admit of attributing a thermogenic influence special to these regions, in particular (the optic thalami, corpus callosum septum luidum, etc.). We must conclude that there exists a reflex thermic action transmitted to the bulb and the cord by the excitement of the ventricular walls.

—Bull. de l'Acad. de Med.

Therapeutics.

Under the charge of LOUIS LEWIS, M. R. C. S., Philadelphia.

DIPHTHERIA ANTITOXIN SOLUTION.

It has been demonstrated by the investigations of Hericourt and Richet, and especially by the researches of Behring, that substances are present in the blood of animals protected against a certain infectious disease by artificial means, which, if transported to other animals, render them likewise immune. Whilst in most infectious diseases the protection afforded by inoculation is most probably due to certain cellular changes, in tetanus and in diphtheria the specific poison of the disease is rendered innocuous by the substances occurring in the blood of immune animals; these substances have such a direct action that they have a remedial effect even when employed after symptoms of the disease have appeared.

Behring proved that the quantity of active substance in the blood serum depends entirely upon the degree of immunity artificially acquired by the animal yielding the blood, or rather upon the number and intensity of the inoculations, which the animal has withstood without harm. Further, it is known, especially from the researches of Tizzoni or tetanus, that the selection of the species of animal is most important.

In November, 1892, Aronson reported in the Berlin Medical Society, simultaneously with Wernicke, that, by the treatment of dogs very susceptible to diphtheria, he had obtained a serum which contained the substances conferring immunity in such a state of concentration as to be employed in rendering children threatened with diphtheria immune. By the subsequent researches of Aronson, Behring and Wernicke, a further development of the protective value of the serum has been effected. All these authors have reported obtaining more active antitoxine solutions.

The successful employment of antitoxine solutions in communicating immunity to mankind, and especially for remedial purposes, would be attained as soon as it was possible to obtain more concentrated solutions, higher protective value, and, above all, sufficient quantities of antitoxine. For this purpose we have made suitable arrangements, erecting a bacteriological department to our establishment under the superintendence of Dr. Aronson and providing an extensive stock of cattle, so that we are now in the position to be able to supply sufficient quantities of antitoxine solution.

By improving the technical methods of immunization and by new methods of concentration we have succeeded in bringing the protective value of antitoxine solutions to a hitherto unattained height.

The antitoxine solution brought into commerce by us corresponds to about twenty times the strength of the so-called Behring normal serum. Immunity against diphtheria is perfectly se-

cured to children and adults by a single injection of 1 c.c., or to smaller children of $\frac{1}{2}$ c.c., by means of a sterilized syringe.

The estimation of the value of a diphtheria antitoxine solution can be best effected by Behring and Ehrlich's method, by which the minimum quantity required to neutralize a definite quantity of diphtheritic poison is determined.

Guinea-pigs, which are very susceptible to diphtheria, are selected for experiment, those animals weighing from 300 to 400 grams being preferred. The quantity of diphtheritic poison is chosen which will kill control animals of equal weight in 40 to 46 hours, animals weighing 500 grams in 48 to 52 hours and even guinea-pigs of large size (650 to 700 grams) in about 60 hours.

Definite quantities of the antitoxine solution to be tested are added to the dose of diphtheria poison* described above, the mixture injected into guinea-pigs and the minimum quantity of antitoxine solution noted which is required to be added to the diphtheria poison in order not only to save the life of the animal, but to prevent any local reaction.

The diphtheria antitoxine solution brought into commerce by the Chemische Fabrik (vorräts E. Schering) is tested in this way, and it is guaranteed that 0.005 c.c. suffices to neutralize the quantity of diphtheria poison above described as determined by the method given. The percentage of antitoxine corresponds, as already mentioned, to twenty times that in Behring's normal serum.

Whilst the blood serum itself, if preserved in a suitable manner and injected in small quantities, is never dangerous to employ, yet it often causes pain, reddening and slight infiltration at the place of injection.

Diphtheria Antitoxine Solution Schering, standardized for immunization purposes, is a limpid, clear liquid and contains one or at most one and a half per cent. albumen. It is mixed with 0.2 per cent. Trikresol, which addition, owing to the small proportion of easily decomposed organic substances in the antitoxine solution, suffices to keep it for an unlimited period. The injection not only causes no general symptoms of disturbance in the system, but also produces no local reaction and no pain at the point of injection. The protection afforded is immediate and is effective even at the incubation stage of the disease.

By a new and patented method discovered by Dr. Aronson an antitoxine is also prepared in solid form which is 400 times stronger than the above solution and will shortly find employment as a remedial agent.

* A solution of diphtheria poison is most simply prepared by filtration of an old sterilized broth cultivation of diphtheria and preserved by the addition of 0.3 per cent. Trikresol.

German Notes.

Translated by ADOLPH MEYER, M. D., Chicago.

EARLY DIAGNOSIS OF MIDDLE EAR DISEASE.

Dr. Okunjew announces a method by which he made an early diagnosis of affections of the mastoid process in middle-ear disease, where there seemed to be no other indication but the character of the fever. He found a decrease in the conduction of sounds when he put the tuning-fork on the vertex of the patient, and, at the same time, auscultated the mastoid process. He communicates two histories in which this symptom gave the indication for operative interference.

—Centralbe f. Chirurgie, 1894. p. 200.

DESTRUCTION OF THE HYPOPHYSIS.

Vassale and Sacchi report on the consequences of the destruction of the hypophysis. They destroyed the gland in 40 animals, and succeeded in keeping 18 with complete destruction alive. The symptoms were depression, convulsions, disorders of appetite; sometimes polyuria. Death came on under convulsions as a rule. The hypophysis belongs to the group of those cells destruction of which is followed by the accumulation of poisonous substances in the body.

—Cbl. f. Chirurgie, 1894. p. 203.

MASSAGE IN TYPHOID FEVER.

Dr. Smirnow used massage in cases of typhoid fever where oedema of the lungs and of the brain were threatening, and also for passive hyperemia of the lungs. He elevated the upper part of the body and rubbed with circular movements the temples, the face and the lateral parts of the neck; then used the tapotement of these parts and made rubbing movements with the palm of the hand from forehead and temples over the cheek and the neck in order to accelerate the current of the venous blood of the skin of the head into the great veins.

After this he has the patient lie on his side and make circular movements over one-half of the thorax, and then he rubs the intercostal spaces from the vertebral column to the sternum, pass-

ing over them four or six times. Finally, he adds massage of the abdomen and of the lower extremities.

The whole takes from 15 to 20 minutes.

The venous stagnation was rapidly reduced; the symptoms of oedema of lungs and brain quickly disappeared; the respiration became deeper, the pulse fuller and less frequent, and the consciousness clearer.

Where there is degeneration of the heart muscle little is to be expected from any method.

—Int. Kl. Rundschau.

GUAJACOL IN DIABETES.

Dr. Clemens, Frankfurt, reports on the favorable results which he has obtained with guajacol in diabetes. After only one week the sugar began to diminish in the urine. For an experiment, patients who had taken guajacol for two or four weeks took food with sugar. The latter did not appear in the urine.

Guajacol has a remarkably good effect on polyuria. In many cases the quantity of the urine was reduced to one-half within one week.

Besides these results improvement of the general health was obtained.

Chemically pure guajacol was given three times a day, six to ten drops in milk or in cod-liver oil after the meals.

—Therap. Blatter.

DULCIN.

Aldehoff (Therap. Monatsh) refers to the new substance "dulcin," which, possessing 200 times the sweetness of sugar, has been recommended as a substitute for it. Chemically it is a parphenetol carbamid, and, as compared with saccharin, the bitter after-taste is wanting. However, the author disputes the indifferent action ascribed to it by other authors. Having administered 15 grains daily to dogs, in order to test its innocuousness, he already, after a few days observed constitutional disturbances, such as vomiting, anorexia, etc. The most remarkable change, however, appeared in the urine, which became dark and frothy, as in icterus, no spectroscopic proof being, however, as yet present. Jaundice, nevertheless, set in completely in the mucous membrane, etc., the faeces, however, preserving their color. Death occurred in three weeks with symptoms of acute jaundice, and the author advises the cautious use of dulcin. He considers its unfavorable action remarkable in view of the affinity to phenacetin.

Ophthalmology.

Under the Charge of J. D. TENNEY, M. D., 2 Commonwealth Ave., Boston.

TEMPORARY BLINDNESS.

In an article with the above heading in the "Times and Register" some months ago, the writer gave an account of the case of a young lady whose right eye was filled with small pieces of shattered glass, which remained in the eye two weeks before their presence was discovered. After 36 pieces had been removed, she had repeated attacks of blindness, lasting several days at a time, when the eye could only see 20-cc. Between times she could see 20-xx.

A number of observers have seen cases of this form of blindness in long-continued blepharospasm; but there was no such symptom in this case.

The only way to account for the blindness is to suppose that the retinal circulation was obstructed through reflex influence. The lower lid is red and swollen up to the present time. No remedies have any effect upon the conjunctivitis, which seems to indicate that powdered glass is still present in the lid. The attacks of blindness still come and go. So far as we know, this is a new form of reflex disturbance from irritation in the lid.

J. A. T.

PURULENT OPHTHALMIA.

The writer was recently called in consultation to see a case of this kind, with a peculiar history.

The patient, a man of about 50 years old, married, had an attack last May of hemiplegia on the right side, with paralysis of the facial nerve on the left. The left orbicularis muscle was affected, so the eye remained open, unless it was bandaged. Sensation in the right arm and leg was diminished, but not destroyed. He has been able to walk about the house a little, with assistance, but has not been out of the house for ten months.

The only members of the family besides the patient and his wife are his son and his young wife, and their little daughter, about 4 years old.

About three months ago the paralyzed

man had an attack of purulent ophthalmia in the left eye. The chymosis of the conjunctiva was so great that it overlapped the cornea, making it well-nigh impossible to treat the corneal margin. The formation of pus was profuse, as is usual in such cases. In spite of lotions, the application of bichloride solutions, and nitrate of silver, abscess of the cornea resulted, with perforation, and prolapse of the iris.

After the conjunctiva began to clear up an irregular practitioner, a friend of the family, was called in, who said that in a practice of forty-two years this was the second case of melanosis that he had seen, and that the eye must be removed immediately. The family were not satisfied, hence the consultation, at the suggestion of the family physician.

There was nothing to be said, except that the diagnosis made by their physician was correct, and that he had done everything possible to save the eye. At the time of the consultation there had been no pain in the eye for a month, and the conjunctiva was clearing up. The patient was advised to hold on to his eye, but was told that he would never see with it again.

The crossed paralysis points to a lesion in the pons varolii. It is impossible to find any history of syphilis, or any trace of specific contagion in the affected eye. Of course, the eye was infected by specific germs from some source.

J. A. T.

OCULAR MALARIA.

It is now a well recognized fact that the structures of the eye, especially the cornea and conjunctiva, are subject to malarial affections, periodical in character, differing from the usual affections of these parts, but involving actual tissue change, and amenable to quinine or other anti-malarial treatment. Some ulceration or abrasion of the corneal epithelium may occur, or intra-ocular hemorrhage during the cold stage of a paroxysm.

Miscellany.

USE OF COCAINE IN SMALL-POX.

The author reaches the following conclusions:

1. Cocaine given at the commencement of the disease will completely stop the development of the eruption.

2. If administered after the eruption has appeared, the confluence or hemorrhagic forms change to the discute.

3. Sometimes while cocaine has been administered from the beginning the pustules become horny and rapidly dry up.

4. It prevents suppuration.

5. To obtain good results the drug must be given at the commencement, and kept up during the whole duration of the disease.

The doses are not mentioned.

COPY.

T. D. Finck, M. D., Kentucky School of Medicine, Louisville, says:

"I am convinced there is no remedy so useful and attended with such satisfactory results in the treatment of melancholia, with vasomotor disturbances, anemic headaches, emotional distress and active delusions of apprehension and distrust, as antikamnia. It also increases the appetite and arterial tension, as well as being particularly serviceable in relieving the persistent headache which accompanies nervous asthenia.

"As an antiseptic and antipyretic and antiperiodic, it is good—nothing better. It is especially beneficial in spasmodic asthenia, in hay fever, in whooping cough, in headaches, particularly of the nervous variety; also that from disorders of the digestive organs, or from the various neuroses.

"In mild hysteroid affections, in the various neuralgias, particularly ovarian, in the nervous tremor so often seen in confirmed drunkards, also in delirium tremens, it is of particular service.

"The pain of locomotor ataxia yields to treatment with antikamnia in a remarkable degree, its analgesic power being of a peculiar kind, in that it will relieve painful affections due to pathological conditions of the peripheral nerves, as neuritis, etc.; also lumbago, sciatica and myalgia.

"When pain is the prominent symptom it is a desideratum, as its province is relief of pain in any and every form. And, best of all, there is no danger of morphinism, no nausea nor malaise, so common with opium and its preparations."

—Cincinnati Lancet Clinic.

Prescriptions.

FOR INFLAMED PILES.

	gram.
R Ext. opii pulv.....	60
Ext. stramonii pulv.....	180
Acid tannic.....	120
Ung. Hydrarg.....	360
Lanolini gs. ft.....	30

This ointment applied to inflamed external piles acts very favorable and quickly.

—Bing.

FOR EXTERNAL PILES.

	gram.
R Pulv. plumbi acet.....	
Pulv. opii.....	
Pulv. Gallac.....	a 120
Ung. Picis Liquid.....	
Ung. Petrolei.....	a 15
Ft. ung.	

Apply a piece about the size of a bean, night and morning.

(This is a prescription of an old Philadelphia physician, and never fails to relieve.)

—Bing.

A COUGH SYRUP.

	gram.
R Morph. sulph.....	96
Vin. antimonii.....	8
Sp. aeth. nitr.....	12
Syr. scillae.....	30
Syr. pruni vig. q. s.....	120

Sig. Dessertspoonful every three hours. (This is another from same physician, and is excellent.)

—Bing.

FOR CHRONIC ECZEMA.

	gram.
R Alcoholic tinct, male-fern.....	30
Alcohol (rect.).....	15
Tinct. myrrh.....	4
Powd. opium.....	4

For external use, by bathing the parts twice a day, after removing crusts, etc.

FOR IRRITABLE BLADDER.

	gram.
R Benzoic acid.....	4
Borax.....	4 5
Water.....	120

Sig. Dose. Three large spoonfuls a day. Rapidly relieves the frequent desire for urination.

FOR INFLAMED PILES.

After each stool the patient injects himself (with this solution .08 c. gms. of sublimate to a litre of water), using each time 200 grammes, then introduces into the rectum a piece of absorbent cotton, carrying the following ointment, which may be used several times a day.

	grams.
R Lanoline.....	50
Vaseline.....	20
Distilled water.....	30

CIRRHOISIS OF LIVER.

Calomel with digitalis is recommended, in cirrhosis of the liver, by Dr. Liebrich.

Calomel.

Digitalis aa. 0.10 gram.

Ft. one capsule.

Sig. Three such to be taken during the day.

—Bull de Therap.

The Times and Register.

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PHILADELPHIA, APRIL 28, 1894.

WHOLE No. 816.

Original.

A CASE OF SPONTANEOUS ABSORPTION OF A CATARACTOUS LENS.

BY T. B. SCHNEIDEMAN, M. D.

Read March 14, 1894, before the Philadelphia County Medical Society.

A. B., aged sixty-five years, male; vision of the left eye began to grow dim twenty years ago. The dimness increased until he became entirely blind in that eye, two years after the trouble began. Has never had pain, injury, nor inflammation in the eye. At Wills Eye Hospital, which institution he visited at the time, one of the surgeons informed him that he had a cataract and advised operation for its removal, but the patient did not consent on account of the excellent vision which he enjoyed with the other eye.

The blind eye remained in the same condition, so far as the patient knows, until five years ago, when he observed a slight improvement. The sight continued to improve slowly, so that he was again able to distinguish large objects, the entire course being unattended with any pain.

Present condition.—Eye of normal appearance externally; pupil round and reacts to light and convergence. Iris markedly tremulous with the movements of the eyeball. Fundus reflex of normal intensity throughout region of the pupil, except at the upper part, where it is concealed by a dense gray membranous opacity. Closer examination shows that this membrane is freely movable, the lower extremity floating behind the iris, the upper portion being attached above. The membrane is evidently the remains of the capsule of the lens. There were a few small opacities in the vitreous, the

rapidity of their movements proving that structure to have become fluid. The fundus was distinctly visible in all its details, and could be seen with a convex lens plus 11). The nerve is decidedly pale and presents a shallow cup; the vessels are narrow and fewer than in health. The nerve is evidently atrophic. With plus 11 the division equals 12/200. The organ in its present condition presents exactly the appearance of an eye operated upon successfully by discission.

The best attainable vision with the correcting lens is low, but this is due to disease (atrophy) of the optic nerve and not to opacity of the media. Low as is the vision, if the case had been operated upon the result would still have been counted a success.

The interest in this case attaches chiefly to two points: 1. Complete absorption of the lens, together with its nucleus, occurring in a subject of the age of this patient; and 2. That this process should have gone on to completion without the supervention of glaucoma. Dislocation of an opaque lens is met with not infrequently, but the organ is found unaltered, at least as to the nucleus, years after the luxation has occurred, its presence in the anterior chamber causing repeated and destructive attacks of inflammation from the increase of tension to which it gives rise.

Absorption is, of course, the rule in the youthful eye when the fluid of the anterior chamber is permitted to gain access to the substance of the lens proper—a fact which is taken advantage of in the operation of discission. The infrequency of this occurrence in the adult eye is shown by the unsuccessful attempts of Beer to apply the same procedure to such eyes before the indications for the operation had been established;

of twenty-nine eyes subjected to the operation, success was attained in only a single case.

The possibility of rupture of the zonula is greater where the lens has become opaque, because this structure participates in the degenerative changes which the whole lens system undergoes; and the more advanced these changes the greater likelihood of such an occurrence, as in hypermature cataract with considerable shrinking and atrophy of the organ. Such shrinking of itself exerts traction upon the suspensory ligament, and such traction may well be partial and affect one portion of the circumference more than the rest, and which yields at that point; in the case reported this point was situated at the inferior attachment.

The fluid condition of the vitreous noted was probably an important factor in bringing about the result; this condition may very likely have existed prior to the lesion of the suspensory ligament, the lens having lost some of the support posteriorly and normally furnished by the contents of the vitreous chamber in consequence of the alteration in that structure.

The text-books refer to dislocation of the lens as a late event in the history of cataract. Thus Fuchs observes: "The shrinking of the hypermature cataract affects not only its thickness but also its equatorial diameter. In proportion as the latter diminishes in size, the zonula of Zinn is stretched, and thereupon undergoes a corresponding atrophy of its fibres. Consequently, the attachment of the lens becomes imperfect. Spontaneous luxation even of the lens may take place through partial or total rupture of the zonula. . . ." Again, after remarking "that spontaneous restoration of sight is extremely rare in senile cataract with a hard nucleus," he admits the possibility of such occurrence in three ways: By the resorption in exceptional cases not only of the cortex, but also of the nucleus to such an extent that nothing but slight opacities remain. The other possibilities to which he refers are the formation of a Morgagnian cataract and spontaneous dislocation of the lens, but without absorption.

Soelberg Wells speaks of dislocation due to gradual relaxation or elongation of suspensory ligament, or its partial rupture. In such a condition, he adds,

a very slight shock to the eye, which may have been unnoticed by the patient, will produce dislocation of the lens.

Berry (*Diseases of the Eye*, p. 100) speaks as follows: "After the condition of maturity has existed for a longer or a shorter time, further changes may take place, which are characterized as stages of hypermaturity. The opaque cortical substance may to some extent shrivel from loss of fluid, and in this way a little of the sight—as a rule, only a very little—be regained."

The gradual improvement in the vision raises the question whether the lens was actually dislocated or whether the rupture extended into the anterior capsule, giving access to the aqueous humor, causing gradual absorption of that organ as to the operative procedure of discission, or whether the improvement can be explained by the solution of the opaque lens after dislocation into the anterior chamber. The latter is the position usually occupied by the lens after luxation.

Perhaps the gradual improvement observed by the patient depended upon a partial displacement of the opacity. This cannot be determined with certainty; the patient did not come under observation until the process, whatever its exact nature may have been, had gone on to completion. In any event, complete absorption of the lens in the adult is a rare termination of cataract.

THE TREATMENT OF SCOLIOSIS, AND THE BRANDT METHOD OF PELVIC MASSAGE.*

BY MATHILDA WALLIN, M. D.
NEW YORK CITY.

As I am not able to enter into details, nor would be able to give a good description of the movements generally used in the treatment of scoliosis by medical gymnastics, I thought a practical demonstration would be best, as Dr. Lewis has kindly provided me with a scoliotic patient.

The fact that the treatment of scoliosis with bandages and apparatus only is not sufficient for cure of this disease

*Abstract of paper read by invitation, March 28, 1894, before Philadelphia County Medical Society.

is more and more realized. "If we cannot make a spinal curvature straight, we can possibly compel it to grow straight," and this is done by no other means so well as by medical gymnastics, i. e., exercises arranged to suit each individual case, which will correct the faulty carriage and develop the whole muscular system, combined with the necessary supports. And if a scoliosis is taken early enough it can be cured.

I want to say a word concerning the prevailing idea that slight degrees of scoliosis only need general straightening exercises, equal for both sides, which can be given in a gymnasium. I think that is wrong. Even in Sweden, where there are no other than trained teachers in gymnastics, who have, at the same time studied medical gymnastics, it is not done.

The question whether the technique can be so described in print that a physician can appropriate and make use of it without actual demonstration has often been discussed, and I dare not venture to say that it is absolutely impossible. The treatment is difficult. It is difficult because a great deal of practice is required to familiarize oneself with it, and, after the theory and practice are acquired, it is still not only difficult but exhausting. Then, too, it requires judgment to adapt and moderate the treatment to the nature of the case. I am inclined to think that the reason why so few who have tried the treatment have been successful is because they have not had sufficient experience in its technique. They have thought themselves competent after a week or a few weeks study with Brandt, and after trial with a few cases, to render a verdict on the method.

Brandt's method consists in general and special treatment; the first is not considered necessary by many physicians, but Brandt himself, as well as those who have used the treatment for a longer time, consider it a most valuable adjunct. Many patients suffer from other complaints besides the pelvic disease which the general treatment by medical gymnastics improve and cure.

Brandt's method of examination differs somewhat from the ordinary. The patient is always first examined in the standing position, by which the physician is enabled to ascertain the lowest position of the uterus, as it is by its own

weight carried, and by the parts above pressed downward, and is then in some measure easier to palpate. In some cases the uterus is retroverted when the patient is lying down, and anteverted when she is standing, which he is able to find out only by this mode of examination. Then the patient (with her clothing unfastened around the waist, but otherwise perfectly covered), is placed upon a couch slightly lower than the chair on which the physician is sitting, her head raised, her legs flexed and abducted, thus relaxing the abdominal walls. The physician sits on the patient's left side, near her pelvis with the face turned toward that of the patient. Then his left forefinger is passed under the left thigh of patient into the vagina up to the posterior cul-de-sac, thus enabling him to palpate the organs, ascertain their position and condition, lift the organs or parts that require massage, and support them against the abdominal wall and the right hand by which he manipulates externally. The left hand is held open, that is, the three last fingers are placed under the buttock, or along the perineum (because in this manner he is able to reach higher), the thumb to the side removed from the symphysis pubis, the forefinger pressed as far as possible against the posterior wall of the vagina and kept immovable in the vagina. By the three middle fingers of the right hand the operator then makes pressure through the abdominal wall, executing the different manipulations indicated by the pathological conditions, and which will be described later. In young persons and virgins the needed support in the treatment is given by placing the forefinger in the rectum instead of the vagina.

Brandt prefers and uses the low couch instead of the ordinary table, because it is less fatiguing to sit and have the patient lower than himself, thus giving freer motion to his arm and enabling him to work without getting too quickly tired.

The special treatment consists of:

1. Massage of different varieties.

- a. Vibratory pressure or strokings.
- b. Small circle kneadings or strokings.
- c. Larger kneading or roll kneading.
- d. Vibratory pressure—strokings.

2. Stretchings.

3. Reposition: different varieties or methods.

4. Lifting.
 - a. Uterus.
 - b. Sigmoid flexure.
5. Movements for constipation (if indicated).
6. Complex of derivative and inciting movements.
7. Knee abduction.
8. Nerve Movements.

Massage should always be begun very lightly and at first never directly on the diseased part, but on surrounding parts and on the side nearest the vascular centre, so to stimulate the vessels to greater activity and incite greater resorption of the exudative residues. Brandt always strongly emphasized "rather too little, than too much." The lighter massage, the small circular kneadings, are produced by the three middle fingers of the external hand (care being taken to use the soft parts of the finger tips) pressed lightly through the abdominal wall on the organs within the pelvis in such manner that the integument and underlying tissues follow the fingers. The organs must be supported and sometimes somewhat lifted in order to meet the external hand, by the finger introduced in vagina or rectum, as the case may be. The circular kneadings are produced by small, quick, circular movements of the finger tips, at the same time gradually advancing if possible, in the centripetal direction of the lymph-currents, using simultaneously all the joints of the arm, which makes the movements lighter, and, so to speak, softer, and does not so much actually knead as squeeze and soften the exudates or residues which may be present.

The massage should be begun with light pressure, gradually increasing somewhat, and ending by some lighter strokings and letting the hand rest a few moments on the abdomen, which seems to disperse the unpleasant feeling the movements may have produced.

Indications for the lightest massage are:

1. Menorrhagias in which the whole uterus is masseed, though only for a short time; the treatment may be repeated more than once a day.
2. Atrophy of corpus or of isthmus; the atrophied parts being masseed.
3. Chronic endometritis.
4. Before and after the uterine liftings.

The indications for relatively stronger massage are:

1. Peri and parametric exudates or exudative residues, in which case we begin the massage at the periphery, especially on the side toward which the lymph-vessels go, and later going gradually toward the centre.

2. Adhesions and sensitive scar-retractions in the connective-tissue.

3. Massage is also always given after stretchings on the stretched part.

4. Chronic metritis; the massage in these cases is executed on the corpus from the fundus toward the isthmus, from the sides toward the middle, and on the cervix from downward up, besides on the broad ligaments partly along the sides of the uterus, partly from uterus toward the sides of pelvis.

If possible, during the massage of the uterus, it should be anteverted. That massage can be given on a retroverted or retroflexed uterus, where adhesions prevent its reposition, is understood; but the anteverted position is preferable, and reposition should always be made first when the uterus is movable; the only exception is if the position should cause irritation of the bladder when it is kept retroverted.

5. Cervical catarrh and enlargement, in which the massage is made downward toward the isthmus.

6. Massage is also often given before and after reposition in displacements on one or more of the uterine ligaments.

7. Chronic oophoritis or peri-oophoritis, when the ovary, as well as the surrounding parts, especially upward and backward, are masseed.

A differential diagnosis can often be made between oophoritis and peri-oophoritis through the result of the treatment; in the latter, where the enlargement of the ovary is due to swelling of the surrounding tissues, it is especially amenable to treatment; the former is not so much so.

The contra-indications for the stronger massage are:

1. The acute inflammatory character of the disease.

2. Menorrhagia and metrorrhagia.

3. Amenorrhœa; massage on the corpus is contra-indicated in these cases.

The larger and often quite powerful kneadings with the whole hand, roll frictions or kneadings with the palm of the hand through the abdominal wall,

are used on a very enlarged uterus or on very large and hard exudate where all inflammation has disappeared.

The manipulation which Brandt—for lack of a better word to describe it—calls “paintings” (German, “malen”) is a kind of curved-shaped stroking, produced by the forefinger in the rectum, along the pelvic wall in direction from downward upward, or from forward backward, according to the direction of lymph-vessels and veins. It is indicated in inflammatory conditions (not too acute) or exudations in the uterus or ligamenta lata.

Stretching is produced either by trying bimanually to seize the contracted or adherent part and gently stretch it; or bimanually by taking hold of the adherent uterus or ovary and trying to free it; or by passing the finger up into the rectum, behind or above the adhesions, and gently and continuously press the uterus, first on one, then on the other side of the contracted and adherent part. This can be done with the patient standing, lying, or in the knee-chest position, always remembering to observe the patient so as not to do too much at one time.

The indications for the stretchings are:

1. Peritoneal adhesions, principally between the uterus or the ovaries and other parts of the pelvis.

2. Scar retractions in the pelvic connective-tissue.

Contra-indication to stretchings in inflammatory conditions of the parts.

Repositions are produced in different ways, according to the deviations of the organ, and it would take too long a time to enter into a description of its different modifications. They are indicated in:

1. Deviations of the uterus, when it produces discomfort or sterility.

2. To improve the position of the uterus for a more effective massage.

Contra-indications: Firm and sensitive adhesions or retractions.

Uterine lifting is indicated in:

1. Prolapsus uteri (of all degrees).

2. Prolapsus vaginae, with cystocele and rectocele.

3. Retroversion and flexion.

4. Anteversion (with some modification adapted to the case).

5. Latero-version (with some modification adapted to the case).

The contra-indications are:

1. Para and perimetritis.

2. Oophoritis.

3. Menorrhagia.

The *modus operandi*, which is hard to describe, is the following:

If there is prolapsus the uterus is restored to position in the usual way, and when that is done the so-called “double-treatment,” or the lifting, begins. The uterus is supported in the vagina by the forefinger of the physician placed on the vaginal portion. A woman assistant then kneels down on the couch between the knees of the patient, places both of her hands flat on the abdomen, their ulnar sides touching each other; the physician first placing his free hand on the abdomen, and pushing the integument from above downward, to guide the assistant and give her a kind of grip, so to speak, of the uterus; then she presses her fingertips down in the pelvis, in front and to the sides of the uterus, slightly flexes the fingers, grasps the uterus and lifts it and its adnexa upward, and lastly, somewhat forward, following the axis of the pelvis. The physician, with his finger on the vaginal portion, follows the movement of it during the lifting as far as it is possible to reach, and presses it backward. These “liftings” are repeated three times, after which Brandt gives some light massage, as said before, by which he tries to stimulate the hypogastric plexus and the posterior portion of the sacro-uterine ligaments of both sides.

These liftings are modified according to the individual case and its need, and the “liftings” are never given when the uterus is retroflexed or retroverted.

If cystocele is present he gives a vibratory stroking pressure on the relaxed protruding part, the strokings being made upward and inward by the tip of the index finger, avoiding the urethra.

When this procedure is completed the patient lifts her buttocks and the lower part of her back from the couch, supporting herself with her neck and upper part of her back, as well as by the feet resting on the couch and with closed knees. The physician then separates her knees while she resists, and she closes them while he resists.

The purpose of these exercises is to strengthen the pelvic floor, especially the levator ani.

The patient is then given light tapotement over the sacrum.

How this method produces cure in displacement and prolapsus has been discussed a number of times, and many theories and explanations have been given. Dr. Boldt says that Schultze considers the cause to be contraction of the sacro-uterine ligaments. Whatever the cause may be, the cure remains a fact.

The exercises given to the adductors of the thighs are an important factor in producing the desired results.

In the summer of 1882 I saw the first complete prolapsus uteri cured. The woman came to Brandt the 29th of June; the 11th of July the uterus was retained within the body, although the anterior wall of the vagina protruded on exertion; the 9th of September she was well, with the uterus in normal position.

That this treatment of prolapsus exerts a powerful curative influence everyone who has followed it or tried it must fully recognize.

AN OBSERVATION OF THE EFFECTS OF ERYSIPELAS ON EPITHELIAL CANCER.

BY JAMES COLLINS, M. D.

About eighteen months ago my attention was called by Mr. M. to an ulcer nearly opposite the ear, on his right cheek. This ulcer was one and a half inches in longest diameter, one inch in the shorter, presenting an oval with irregular edges. The discharge was slightly purulent, tinged with blood. The granulations were soft and bled on the slightest touch.

Mr. M. stated that twenty years ago there appeared at this point a small elevation, which frequently formed a scab, which every ten or twelve days would fall off and then re-form, giving but little trouble and received but little treatment.

Nineteen years ago he was treated for a time with ointments and lotions, also some medicine was administered without special benefit. He was then assured that this was skin cancer and incurable. This ulcer gradually increased in size and depth. Some benefit was derived from a lotion of zinc sulphate and salt, dissolved in water to make a mild astringent solution. The ulceration, however, continued giving inconsiderable

pain, but much annoyance by its presence. The good man quietly accepted the situation, seeking only palliation and relief from pain.

About November 12 he suffered from an attack of erysipelas of the face. This ran no unusual course, spreading rapidly from tip of nose over scalp to nape of neck. The efflorescence was followed by desquamation. The external dressing was of ichthyol and lanolin, which seemed to give relief and comfort.

As the erysipelas faded out, the desquamations following the ulcer seemed to assume a more healthy appearance. Granulations of a more normal character developed and in about two weeks the ulcer was entirely healed. The cicatrix on March 1 is slightly indurated, but smooth and firm, presenting the appearance of normal cicatricial tissue.

This case is reported without special comment. Dr. Coley, of New York, has written on this subject with considerable interest.

The writer is well aware that a single case from the practice of a surgeon is but of little value, isolated and alone, but hoping that others may add their experience and observation the case is reported for consideration.

TYPHOID FEVER.

TREATMENT.

Internal and External Free Use of Water, Irrigation; Peroxide of Hydrogen (Medicinal) and Glycozone; Codeine; Liquid Soap. Suitable Ventilation and Sunshine, Food and Nursing. By Elmer Lee, A. M., M. D. Chicago.

(Read before the Chicago Medical Society, March 5th, 1894.)

Recognition of the value of cleanliness represents the most practical discovery in treatment during the present generation, and, at the same time it constitutes one of the really great discoveries in the history of medicine. The application of the principles of cleanliness more nearly meets the requirements of a real advance in curative medicine than all the other propositions known to the profession for the cure of disease.

The symptoms of typhoid fever are too well known by all to need particular mention; the question of burning interest is what to do to be saved. The disease is produced by drinking contaminated water, and its seat of development is situated in the intestinal canal. There is a poison there which, if it could be removed before it had become absorbed into the blood, life, and even health would be spared. Allowed to remain, the poison is drawn into the circulation, and

very soon the whole body feels the depressing effect. Even at this time, if those remaining poisonous juices and germs which are contained in the bowels were either neutralized by suitable remedies, or washed entirely away by a stream of flowing water, the disease would be checked, the patient spared, and health restored.

Without waiting for development of the symptoms of typhoid fever the very first proposition is to make the patient surgically clean, which means the free and abundant use of water internally first, and externally afterwards. The bowels are drenched and cleansed by a copious douche of hot soap water, made to pass into and out of the lower bowel, until the contents are cleared away and the returning water comes back as clear as before it entered. The relief to the sick person by following such ablution is a delight to the physician and of greatest comfort to the patient. It seems so reasonable, they will say, and in practice it is just as good as they say. Fears were formerly entertained by me, as they are to-day by some of my contemporaries, that something would be burst by running a large volume of water into the bowels of persons sick with typhoid fever. No harm has ever been done, and neither is it likely to be so caused. Several hundred cases have been so deluged by me with large quantities of water, and in no instance has the result failed to be beneficial. The fear of doing harm may be entirely and forever dismissed. That which is not well understood by any one always seems inconvenient, or troublesome to perform. But a little practice makes easy the methods which a little while before appeared unpleasant, even hard.

The temperature of the water used for cleansing and washing the bowels should always depend upon the temperature of the body. If there is high fever the water is more agreeable and useful to the patient when it is cool, viz.: 75 degrees; but if the patient is chilly, or has a low temperature, the water should be at blood heat, nearly 100 degrees. During the first week of illness, the irrigation of the bowels should take place in the morning and again in the evening of each day. After this, one douche of water should be given each day until convalescence. The co-operation of the patient is readily accorded. The treatment takes hold of his reason, which lends both hope and help to the management of the case.

Bathing the body is performed at regular intervals and by such a system as may be convenient and suitable to the individual. The bathtub may be used when the patient is strong enough to be assisted to it; when otherwise, sponging with cold water is very refreshing, and useful to maintain strength and lower the heat of the body.

The most effective and most lasting influence is secured by wrapping the patient in a wet sheet. Two blankets are spread on the bed, covered with a sheet wet with cold water. The patient is

wrapper in the sheet, and then folded quickly and completely in the blankets. The time during which the sick one may remain in the wet pack is from one half to one hour, or even longer if he is comfortable. Bathing opens the pores of the skin, and through them the system discharges a part of the hurtful waste of the body. This bathing should be continued, several times daily, during the disease and during convalescence.

The internal treatment is uncomplicated, safe and useful. The basis of it is cold water, and always plenty of it to drink. Water cools the body and assists to cleanse it of the poison which makes it sick. The elimination is carried on through the intestinal canal, through the kidneys, through the lungs, and by the skin. Let the sick have water; it can do no harm in any case; water only does good. What cruelty it was in fever cases to keep water from them, and what suffering it caused. A tablespoonful of peroxide of hydrogen (Merchand's) is added to each glass of water. It is the best and most simple remedy that can be given that is likely to be of benefit in helping to cure typhoid fever. Continued for a few days, it is then laid aside for a few days and glycozone substituted in its place, both as a relief to the patient and for the beneficial effect of the remedy itself. And so on in this way the two remedies are alternated, which is found by me to be the best arrangement for administering those valuable antiseptics. The preparation, glycozone, is chemically pure redistilled glycerine in which ozone, or concentrated oxygen, has been incorporated, and can be taken with as much freedom and safety as pure glycerine. The glycozone may be taken in doses of half a tablespoonful to a glass of water as often as water is taken during the day. When it is desired to allay nervousness and induce sleep at night, sulphate of codeine is used, in doses of from one half to one grain, by the mouth, or one quarter to one half grain by the hypodermic method. This remedy tranquilizes the nervous system and induces sleep, and should be administered at night.

The typhoid fever patient receives as food whatever is simple, at regular intervals of four hours. Milk, simple, natural milk, is nourishment of the highest importance. One egg every day, or every other day, is alternated with a small teacup of fresh pressed juice from broiled steak or mutton. The egg is pleasant to take and more nutritious when whipped till it is light and then stirred with a small glass of milk. For a simple and nourishing artificial food, malted milk is always good.

The juices of fruits are delicious to the typhoid fever patient, and are not to be dismissed on the supposition that they are injurious. It is always interesting to observe, when the fever is broken, and convalescence is beginning, that water in copious draughts is no longer easy for the patient to take. When the usual glass of water is handed back half-drained, it is an en-

couraging sign of beginning restoration. For wholesome drinking, fresh lake water, which has passed through a Pasteur porcelain filter is entirely reliable.

The simplicity of the foregoing plan meets every requirement, and saves nearly every case, unless there is some complication. It is my belief that doing more than this is doing less, and less than this, which is so simple, is not enough. The profession agrees that no kind of drug treatment is useful or curative in typhoid fever; indeed, one of these days, in my opinion, the statement will be considered applicable to other, if not all, cases of diseases of the bowels.

The plan as proposed by me and practiced during a period of five years consists, in review, of the following systematic management in typhoid fever:

Water used internally as a douche for free irrigation of the bowels, either simple or made soapy with pure liquid soap. Water as a drink, and as a remedy, taken copiously and frequently, especially during the stage of fever. Water is indispensable, and should be given as often as is desirable and agreeable to the circumstances of the case. Frequent application of cool water to the surface of the body during the entire illness.

Remedies: Peroxide of hydrogen (Marchand's), or glycozone, for the antiseptic effect of the oxygen which is set free in the stomach and intestines. But to be of real value, these remedies are to be taken in considerable quantity, largely diluted with water, else, in my opinion, they are of little use. The capacity of the bowels is so great that a little of anything cannot spread over enough of this enormous area to affect it beneficially. Cleanliness is the principle governing the use of peroxide of hydrogen (medicinal) and glycozone.

For a remedy that soothes and brings on sleep at night, sulphate of codeine is better than chloral; besides it is the safest and best.

For food, anything that is simple and in liquid form; milk is always the best, milk and whipped eggs; pressed juice from broiled meat; the juice from fresh, ripe fruit. The nutrition taken should be at regular intervals (four hours), that sufficient time may be allowed for digestion.

Stimulants and drugs are injurious without exception, and better results are secured without their use. Typhoid fever, generally transmitted through the drinking water, is a preventible disease. Typhoid fever affects all classes, but if food and water were always pure, no class or age need contract typhoid fever. Cleanliness everywhere and always is the means at hand which makes it possible to escape typhoid fever and other diseases of the bowels. Internal cleanliness as well as external is a reasonable proposition of hope for the cure of the unhappy multitude of sick and discouraged humanity.

Society Reports.

MEETING OF MICHIGAN STATE

BOARD OF HEALTH, LANSING,

APRIL 13, 1894.

This was the annual meeting. A brief address was made by the president of the board, who congratulated the members of the board on the fact that, "During the last year the State Board of Health has done much good work, including that in connection with quarantine and the prevention of the introduction into Michigan of dangerous communicable diseases. The board has entered upon a most important work—for the prevention and restriction of tuberculosis in man, and I believe that the results will be great. This board has taken the lead of other State Boards of Health in declaring consumption to be 'dangerous to the public health,' and has recommended advanced measures for its restriction. At this meeting committees are to report upon two other measures of restriction which it is believed will prove to be exceedingly important."

There were present at this meeting: Hon. Frank Wells, president Lansing; Prof. Victor C. Vaughn, M. D., Ann Arbor; Prof. Delos Fall, M. S., Albion; Mason W. Gray, M. D., Pontiac; Samuel G. Milner, M. D., Grand Rapids, and Henry B. Baker, M. D., secretary.

The minutes of the last quarterly and two special meetings were read, the auditing of bills and accounts, and other regular business was transacted.

It was voted that the State Board of Health hold this year another conference of Michigan Health officers, at Ann Arbor, some time in June. A committee of three, of which Doctor Vaughan is chairman, was appointed to make arrangements for that conference. Last year a useful conference was held with special reference to cholera. That subject is still of interest and dangerous immigrants are still coming into Michigan. But it is proposed this year to give special attention to that disease which is already here and causes most deaths—consumption; and to give the health officers opportunity to study the subject at the State Laboratory of Hygiene, where the bacteriological and other facts relative to the causation of

this disease can be so well demonstrated.

The subject of tuberculosis in animals as a cause of tubercular diseases in man was prosecuted by Dr. Milner by a resolution at the Menominee meeting, directing the secretary of the board to institute an investigation of the cattle and milk in different parts of this State, and report in what way and to what extent the health and lives of the people are endangered by tuberculous meat and milk. The resolution was then referred to Dr. Mason W. Gray, the Committee on "Animals' Diseases Dangerous to Man," with request to report at this meeting. Dr. Gray reported that he had conferred with veterinary surgeons in Pontiac and Detroit, had visited the Health Department in Detroit for conference, that a few months ago he had corresponded on this subject with the three members of the State Live Stock Commission, and he read extracts from the several letters. Hon. J. J. Woodman had said that the presence of tuberculosis in animals is not being reported to the State Live Stock Commission. Dr. Barringer had expressed the hope that this board would investigate the subject thoroughly. Dr. Gray believed that the State Live Stock Commission would co-operate freely.

Dr. Baker said he had conferred with the State veterinarian, who advised further and personal conference by this board with the State Live Stock Commission. Dr. Baker read from the last report of the commission, relative to tuberculosis—"It is beyond question both infectious and contagious, particularly in the pulmonary development or consumption of the lungs." * * * "Years of added experience and careful observation lead us to the conclusion that the annual losses among Michigan cattle from tuberculosis are much greater than from all the other contagious diseases affecting our domestic animals, and that the disease is steadily increasing. We have given the subject very careful thought and consideration, and have as yet failed to find a satisfactory plan for its treatment or extermination." * * * "It, as yet, is one of the unsolved problems, lying all in front, and, like some bridges in our pathway, the day is not far distant when an attempt must be made to cross." Secretary Baker thought that now is the time to make the attempt to "cross the bridge," and ear-

nestly hoped that the State Live Stock Commission would co-operate in the effort for the restriction and prevention of tuberculosis in animals and in man. It was voted that the president be requested to call a special meeting of this State Board of Health at such time as arrangements can be made for a joint meeting with the State Live Stock Commission, to consider the subject of the restriction of tuberculosis in animals and in man.

As chairman of the standing committee on "Epidemic, Endemic and Communicable Diseases," Professor Vaughan made a report on the subject of the restriction of tuberculosis in man by means of a proposed State Hospital for Consumptives, this subject having been referred to him at the last special meeting. The subject was discussed at great length and resolutions were adopted as follows:

Resolved, That we recognize the following facts:

(1.) That tuberculosis is the most grave and fatal disease now affecting the health and lives of the people of this State, destroying about 3000 lives per year.

(2.) That this disease originates principally by transmission from man to man, or from man to animals and again to man.

(3.) That the spread of this disease can be best arrested by the disinfection of the sputa and other discharges by special supervision of those infected and by the care of such persons under conditions which will prevent the transmission of the disease to others.

(4.) That such disinfection and supervision cannot be carried out in the crowded homes of the poorer classes; and,

(5.) That under conditions which will prevent reinfection, many consumptives may be permanently cured and returned to their homes and work, educated in the methods of restricting the disease. In view of these facts,

Resolved, That this board request of the next Legislature an appropriation of \$----- for the purpose of building, equipping and maintaining a State Hospital for Consumptives.

Prof. Delos Fall presented a preamble and resolution, which were adopted, as follows:

Whereas, It is desirable that every step taken shall tend toward giving the largest amount of sanitary education to the teachers and to the people of the State; therefore,

Resolved, That it is the judgment of this board that the proposed State Hospital for Consumptives should be located at the seat of the State University at Ann Arbor, in order that it may afford the best opportunities for the observation and study of this most important disease in conjunction with the investigations now being so satisfactorily pursued in bacteriology and other departments of sanitary science at the State Laboratory of Hygiene.

The secretary presented and read portions of his report of work done in the office during the quarter just ended, which included the action taken for the restriction of 412 outbreaks of dangerous communicable diseases, six outbreaks being of smallpox. One hundred and eighty-five localities had reported consumption.

One very successful sanitary convention had been held at Menominee.

Compared with the average in the corresponding quarters in the eight years, 1886-1893, the reports from regular observers indicate that intermittent fever, remittent fever, erysipelas, diarrhea, consumption, pneumonia and pleuritis were less than usually prevalent, and that no disease was more than usually prevalent in the first quarter of 1894.

Book Notes.

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PHILADELPHIA, APRIL 28, 1894.

ETIOLOGY OF INTERMITTENT FEVER.

There is hardly a disease in the etiology of which so little progress has been made during the past fifty years as intermittent fever. We scarcely know more than our forefathers regarding the causation of this disease. We believe that in some mysterious way it creeps up the banks of rivers, breaking out here and there among susceptible persons in the cities and towns along the banks of such infected streams. These are the views which seem to be borne out by facts.

That this disease occurs in localities where decaying vegetation exists, especially swampy grounds, and on disturbing such ground cases will appear among the immediate inhabitants of the place, there can be no question.

So far, investigation leads us to recognize an amebic parasite which attacks the red corpuscles of the blood as a causative factor in this disease. This is called a hematozoon, and passes through various stages in its life-history.

An admirable article on this subject has lately appeared in the Boston "Medical and Surgical Journal," by Dr. Greenleaf, which draws attention to the

following facts regarding the etiology of intermittent fevers:

"(1) Intermittent fever is a disease always originating locally, thus excluding as etiological factors all causes of a general character.

"(2) Intermittent fever is always found to have associated with its origin some conditions of local dampness.

"(3) A micro-organism, namely, the hematozoon, has been demonstrated as occurring as a causative factor in the blood of patients ill with intermittent fever.

"(4) These organisms belong to a group of animals, many of whom are known to live in damp soil, or in animals and plants living in damp soil, thus rendering it extremely probable, especially if we consider our first and second propositions, that the 'hematozoon' has a similar habitat.

"(5) Such micro-organisms may readily be taken into the system in either of the following ways: (a) By drinking water contaminated with moisture from such damp, decaying soil. (b) By entering on food which is contaminated from unclean hands. It seems to me quite probable that, in view of the uncleanly habits of laborers who sit down to their dinner pails without a thought of washing their soil-stained hands, we may quite sufficiently account for what appeared to be the case in my inquiry, namely, that, relatively speaking, far more cases occurred among hearty laborers than among other classes of people. Professor Sedgwick refers to this method of self-inoculation under the name of 'secondary infection,' as accounting for a considerable number of cases of typhoid. (c) By currents of air blowing within limited areas from soil rich in the supposed germs."

APPROPRIATE THERAPY FOR TUBERCULAR ARTHRITIS.

It is of supreme importance that we always familiarize ourselves with the clinical history of every phase and peculiarity of a malady before we wish to take radical measures for its relief or cure. Better a thousand times to put our patient on a harmless placebo and leave him to the unaided processes of nature than subject him to any line of therapy that rests on no more secure

a foundation than a mere theoretical notion or unsupported experimentation.

Perhaps in no class of cases is this more true than in those which are designated, in our time, the tubercular arthroses. From the general acceptance of the germ theory of disease these have been only too generally submitted to unnecessary surgical operations, which in many, have resulted in destroying limbs that, had they been treated on tentative lines, might have recovered their full functional integrity and strength.

Let it not be forgotten that osseous and arthritic tuberculosis is a disease which under favorable hygienic surroundings almost invariably in various stages tends to spontaneous arrest, and that the child will outgrow it, though reparative processes are slow, and may run from months into years. Rare and extreme cases demand active surgery.

In all cases let the medical attendant exercise the most cautious discrimination in diagnosis, and be careful that he does not confound rheumatism with tuberculosis and prematurely lock his patient's limb in an orthopedic apparatus and thereby damage a limb which would have recovered if let alone.

NEPHRECTOMY FOR CONGENITAL HYDRONEPHROSIS.

In the "Deut. Med. Woch.," February 15, 1894, Adler records the following case in a child $3\frac{1}{2}$ years. The enormous swelling of the abdomen was due to a fluid tumor, which occupied nearly the whole of the abdomen. This tumor had been previously stitched to the abdominal wall and incised, the microscopic examination of a piece of the excised cyst wall showing renal structure; 650 c.cm. of bright clear fluid with a moderate amount of urea in it, but hardly any albumen, was let off at the same time. A fistulous opening persisted. Some six or seven months after the first operation the patient was admitted under Israel. From the fistulous passage midway between the navel and the symphysis a slightly turbid yellow fluid could be squeezed out. The right kidney seemed to be in every respect healthy. The boy passed per urethram 20 c.cm. of absolutely clear fluid, acid, 1025 specific gravity, and containing no abnormal constituents. From the fis-

tula at least 2000 to 3000 c.cm. turbid fluid, specific gravity 1004.7, and containing albumen, pus, blood, came away in the day. Thus it was concluded that the other kidney was healthy; nephrectomy was, therefore, decided upon.

The cyst was found to be exclusively intraperitoneal; the colon could not be found owing to an abnormal position, and a further difficulty lay in separating the tumor from the abdominal wall. This was eventually done, a piece of the abdominal wall with the fistula in it being excised, and the resulting cavity plugged. The cavity soon became less, and four weeks later only a small granulating surface remained. The small amount of urine excreted by the sound kidney before the operation was accounted for by the amount excreted by the other kidney. After the nephrectomy 600 c.cm. of healthy urine of 1017 specific gravity were passed daily. For several reasons the hydronephrosis was thought to be congenital.

CATARACT AFTER OPERATIONS FOR GLAUCOMA.

It is well known that operations for glaucoma are very liable to be followed by cataract. This accident occurs in two ways. In the first place, the traction made upon the eye in making the first incision may cause rupture of the lens capsule. This membrane is so weakened by the long-continued pressure in this disease that it is much more easily torn than in health.

But it is much more common to cause cataract by touching the edge of the lens with the iris forceps. A scratch is not necessary to produce the mischief, the merest touch is enough. It is of the greatest importance in such cases that, when the operator seizes the iris with the forceps, he shall be careful not to let them reach as far as the lens margin.

J. A. T.

PEROXIDE OF HYDROGEN IN CONJUNCTIVITIS.

Dr. Louis J. Lautenbach, in the American Journal of Ophthalmology, for February, reports success in treating the various forms of acute conjunctivitis in the German Hospital, of Philadelphia, by first cleansing the conjunctival sac thoroughly with peroxide of hydrogen, and then using the usual remedies. He

uses the hydrogen in full strength, a fifteen volume solution, containing as little free acid as possible.

He instills from ten to thirty drops at the outer canthus, and then practices massage over the closed lids. If necessary he makes three or four applications in succession. He invariably follows this with the liberal use of a saturated solution of boracic acid.

If the case requires treatment in the patient's home he prescribes a mild solution of acetate or sulphate of zinc, or borax in camphor water, or a saturated solution of boracic acid.

In sub-acute cases he uses a solution of sulphate of zinc, or of sulphate of copper.

In chronic conjunctivitis, in addition to the treatment in sub-acute cases, he prescribes the instillation of castor oil, after the eye has been bathed in a hot solution of boracic acid and roughly dried; then he practices massage over the closed lids. He gets results that may be called marvelous in many cases, especially in those where the lids are thickened.

In gonorrheal conjunctivitis, after this preliminary cleansing, he paints the lids with a strong solution of nitrate of silver; say a twelve per cent. solution at first. Then he sends the patient home, directing him to wash out the eyes every thirty or sixty minutes with a hot boracic solution, and applying a one-half per cent. solution of nitrate of silver.

In phlyctenular conjunctivitis the ointment of the yellow oxide of mercury, or calomel, is used, after the cleansing with the peroxide.

In trachoma, after the use of the peroxide, the enlarged papillae are crushed and rubbed with the sulphate of copper crayon.

It will be seen that there are two principles that underlie this plan of treatment. The first is to secure and maintain the most perfect cleanliness possible, and the second is, to relieve the stagnation of the circulation by manipulations.

J. A. T.

SUCCESSOR OF PROFESSOR HIRSCH.

Professor Rubner has been chosen to succeed the late Professor August Hirsch in the Chair of the History of Medicine in the University of Berlin.

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

MUMPS.

Martin reports an epidemic in which 48 men out of a garrison of 450 to 500 were affected. The exact origin of the disease could not be traced. After a few hours of malaise, etc., and a slight rise of temperature, which rarely exceeded 38 degrees C., and which was often absent, the characteristic swelling began. This was marked in many cases and extended over the neck in four. The temperature mostly fell on the second day, but rose again if the other side became involved. If orchitis supervened, it rose to 40 or 41 degrees C. Antiseptic mouth washes (boracic acid) were used in all cases. Antipyrin appeared to help in promoting resolution and lessening pain, and the results were better than with the so-called expectant treatment. Pilocarpin, of doubtful service in the attack itself, is of value in the orchitis. The average duration of treatment was fifteen days. Rigid disinfection was adopted when the patient was discharged. The complications were benign, epistaxis and gastro-intestinal disturbances being the most common. The author looks upon the orchitis as being the second degree of the poison rather than a complication; it was present in 9 cases, or 18 per cent., being once bilateral. Otitis externa was present once, a complication which the author has seen before. He has also seen slight albuminuria, but not in this epidemic. In other epidemics reported by him the application of camphorated oil or mercurial ointment was without effect, and jaborandi was inactive in some cases and harmful in many others. Tartar emetic seemed more useful. The exciting cause of the disease exists in the mouth and spreads to the glands along the ducts, hence the value of antiseptic washes. In one of the cases the nature of the orchitis might easily have been overlooked, owing to the great mildness of the mumps. The use of sulphur as a disinfectant appears valuable, but it is not always possible. The sick must be isolated, their clothes, etc., disinfected, and buccal antiseptics may be used as a prophylactic.

—Rev. de Med., March, 1894.

MILK SCARLATINA.

Dr. Scarlyn Wilson records in his report for 1893 an outbreak of scarlatina at Hastings during last November, when the general prevalence was on the wane. Of 26 houses invaded during that month 18 had milk from one dairy, and throat illness appeared in other two such houses. In addition to 70 per cent. of invaded houses consuming the one milk, the facts show that 30 per cent. of the total houses taking the milk were invaded. Investigation failed to trace the source of infection of the milk, but the cattle, while free from external suspicious symptoms, "were found to be all more or less suffering from febrile disturbance." Analysis and bacteriological examination of the milk of each cow was suggested, but only one sample of "mixed" milk was tested, and therein, we are told, "bacteria were detected." The report is silent as to stoppage of the milk supply; and the occurrence of the localized epidemic remains, like too many others, unexplained as to origin of the mischief. But Dr. Wilson, at least, seems free from blame in this respect.

—The British Medical Journal.

SINGLE LIGATURE OF THE CORD.

Nguyen Khac Can bases his opinion of the superiority of a single ligature upon his observation that out of 68 cases of labor with double ligature of the cord, there were four cases of retention of the placenta; and out of 146 cases with single ligature, only two cases of retention. The duration of the third stage with the double ligature averaged sixty-four minutes, while with the single it was but twenty-seven minutes. The author believes that a rapid diminution in the size of the placenta, due to the free escape of the intra-placental blood, favors retro-placental hemorrhage, and consequent complete separation of the placenta, and that it further lessens the obstacle to its escape from the uterus and vagina by the resulting decrease in size. He recommends that double ligature of the cord should be reserved for cases of twin pregnancy. While we think that there is a question as to the correctness of the author's reasoning on

the first point, there can be no doubt as to the advantage of diminishing the size of any body which is to pass the os uteri, and we think that we have ourselves noticed a greater ease of delivery of the placenta in cases in which but one ligature had been applied. The suggestion of Nguyen Khac Can is, certainly of value. It should be easy to prevent untidiness by catching all intra-placental blood in a suitable basin, but the determination not to check intra-placental hemorrhage, of course, implies a careful palpation of the uterus before the cord is cut, and an absolutely positive elimination of the possibility of a twin pregnancy.

—The Boston Medical and Surgical Journal.

THE DRINKING TREATMENT FOR TYPHOID.

Some years ago M. Debove recommended the use of large amounts of water internally in typhoid fever. "I make my patients drink," he said; and this was his chief special treatment. The object was to dilute the fluids of the system and wash out the toxins in the blood and intestinal canal. M. Lichteim adopted this treatment and reports nine successful cases. Recently M. Maillart, of Geneva, has made an elaborate study of this mode of treatment, reporting fourteen cases in detail, of which one died. Maillart thinks that the water-drinking method should be "erected into a special method of treatment." In order to secure the proper results the patient must drink five or six litres (quarts) of water a day. There is no contra-indication for the use of water in this way, for it does not weaken the heart, but has rather the contrary effect. The results obtained are a progressive lowering of the fever, a disappearance of dryness of the mouth, a marked sedation of all the nervous symptoms, and an improvement in the action of the heart and kidneys. There is an abundant diuresis and an unusual increase in the perspiration. Urea is carried off in large amounts. The treatment does not shorten the course of the disease, but simply makes it milder and less fatal. Patients, we are told, take kindly to this method.

The typhoid patient takes usually six to eight glasses of milk daily, and if to this are added ten to twelve glasses of water, the diluent effect should be very great.

—New York Medical Record.

MOISTURE TO THE THORAX IN DISEASES OF THE RESPIRATORY TRACT.

Gendre speaks highly of this form of treatment in all acute diseases of the respiratory tract, and in certain phases of chronic diseases attended with active hyperamia. The thorax is enveloped in a compress which has been soaked in cold water and squeezed so as to be only moist. This is changed every quarter of an hour, then every half hour, and every hour according to the effect obtained. This method of treatment is especially useful in children, may be employed in very young children, may be continued a long time, and may be returned to as often as necessary at each return of pulmonary congestion. It relieves the dyspnoea more rapidly than any other measure by lessening the respiratory movements, and by making them deeper to combat the high temperature and the accompanying nervous troubles—agitation, insomnia, refusal of food. The author has always found the treatment harmless, and nearly always efficacious. In the discussion Rendu stated that he had obtained excellent results with this treatment, which he had employed since 1884. He wraps the whole body in a moist cloth, and leaves the patient in it for two or three hours. The peripheral temperature is at first raised, then there is abundant sweating and diuresis, the temperature falls 1 degree to 1½ degrees, and the patient experiences great relief. He does not employ this measure more than once a day, and in grave cases he has recourse to cold baths. Gendre, in reply, said he had kept children as long as eight days with the thorax enveloped in compresses, which were renewed from time to time.

(Union Med., March 20, 1894.)

VETERINARY MEDICINE.

The Medical Review will shortly introduce a department devoted to veterinary literature to its pages. This is a department which is fast becoming advanced in scientific attainments and the object is a worthy one.

UREMIC COMA.

Lavage of the stomach with pure water will often rouse the patient from the milder degrees of uremic coma.

—N. Y. Med. Record.

Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., 44 West 46th St., New York.

TO OUR SUBSCRIBERS.

To give our readers the benefit of every advance step in electro-therapeutics, we invite the special co-operation of earnest, painstaking investigators, who are habitually too busy to write long and ambitious articles, but whose brief, pointed, practical records of cases would be full of value and interest. In this department we shall be glad to find room for our friends in this important field to report their experiences, discoveries, inventions and original ideas.

Address these contributions to "Electro-Therapeutics," "Times and Register," 1725 Arch street, Philadelphia.

HOW TO TEST HIGH TENSION INDUCTION COILS.

Since the discovery of the important therapeutic effects dependent upon the quality of "high tension" in induction coils the ordinary form of coil, long the only coil furnished with faradic batteries, has become practically obsolete.

Fine wire, high tension and rapid vibration are the three factors which produce the special and sedative effects of the present improved apparatus. In order that the physician may be able to determine for himself whether any given coil fulfills the requirements of high tension a practical test is necessary and one that may be applied by every physician to his own battery.

Such a test is afforded by the Geissler vacuum tube. Select a moderate size tube, and place it in the secondary circuit. Pass the current through an ordinary coil, and no effect within the tube will be produced.

It requires about 4000 feet of No. 36 copper wire to create tension enough to glow the tube. Without sufficient tension, therefore, to glow the tube a coil cannot be considered a high tension coil. With a coil, however, containing 6000 or 8000 feet of properly wound wire we obtain a beautiful effect within the vacuum tube and demonstrate the existence of high tension in fact.

The lumen of the tube is seen filled with luminous discs like rouleaux or corpuscles in active agitation. As they lean slightly in the direction of the current flow and reverse with each change of polarity they indicate that this is not an alternating current, but is a flow in one direction, interrupted but not alternating. The polarity is also determined in another way. The bulb at the positive end is clear, while the negative bulb is filled with mist.

A number of interesting experiments can be made with the tube and a finely constructed high tension coil.

HYSTERICAL BLINDNESS.

At the Narragansett Electric Lighting Company's works, says the Providence (R. I.) "Journal," there are two men who, during the last few years, have been temporarily blinded when throwing a switch. Superintendent Thomas says that this happens in every big electric lighting station in the country. When a switch is thrown the circuit is broken. When properly done another connection is made simultaneously. The intense flash lasts until another connection is made. One of the men with the Narragansett Company was so nearly blinded that he was at home three days at one time. He was not, however, as is said to have been the case with Caulfield, a Brooklyn (N. Y.), reporter, who was apparently blinded by the flash from a trolley wire, unable to see anything at all. He was able to grope about, but could see nothing distinctly. Both the men who have been affected at the electric lighting company's works are remarkably strong specimens of manhood and could not be called hysterical by the widest stretch of the imagination.

In Caulfield's case, with the single exception of drooping eyelids, which might have been caused from lack of sleep, his eyes seemed to be perfect. The feature of drooping eyelids tallies exactly with the local cases cited. In fact, that seemed to be one very good reason why they couldn't see. In view of this it

seems quite possible that the difficulty, in their cases at least, might be called physical, rather than hypnotic, which is a term applied to the Brooklyn case by Dr. Raub.

A further argument which would be advanced by those inclined to believe the theory of hysterical blindness a fanciful one is that the flash, when a switch is thrown, is far more intense than any that could come from the trolley. The switchboard at the Narragansett company's station is now so arranged that in case of a flash there is a mable slab an inch and a half thick between the man's eyes and the exact location of the most intense light. Yet Superintendent Thomas states that not later than two weeks ago he had to turn his back to the slab, so powerfully dazzling was the light.

I believe here that the cases mentioned as having occurred at the electric lighting company's are cases of physical inability solely. There has not been the slightest indication of hysteria. If so sudden and intense a shock as must be resisted on the nervous system of these men produces no hysteria, will the theory that a trolley flash could hypnotize a person into total blindness for three days find credence?

—Electrical Review.

ELECTRICAL TREATMENT OF TABETIC OPTIC ATROPHY.

Capriati records eight observations. The method employed was that first used by Weiss, and consisted in the application of the current through two poles, one on the occiput and the other over the closed lids. In each case a current of two milliamperes was employed. The results may be briefly summarized as follows: (1) Electrical treatment is indicated in tabetic atrophy of the optic nerve, in cases in which the disease is not running a very rapid course, and before it has reached a very advanced stage; (2) if employed in the early stages, it appears to do good, and arrests, with certain limitations, the morbid process, apparently by acting on the nerve fibres still unaffected; (3) better results may be anticipated from the application of the current antero-posteriorly than transversely through the temples, although neither method has yielded results warranting great enthusiasm.

—British Medical Journal.

Bureau of Information.

The Bureau of Information of the "Times and Register" will hereafter be conducted by the editor. Communications will be referred to the authority best able to answer the queries, as the editor recognizes that it will be impossible for one person to give satisfactory answers to all questions. Address all letters to 1725 Arch street, Philadelphia, Pa.

THE NEW ANTIDOTE TO MORPHINE POISONING.

Will you be kind enough to state in your next issue how and in what manner the new antidote for opium poisoning is used, i. e., permanganate of potash?

Is it "sure," or have you any definite data on the subject?

An early compliance with this request will be appreciated.

R. R. C.

Washington, D. C., April 23, 1894.

(The principal data regarding the efficiency of permanganate of potash in cases of morphine or opium poisoning are experimental, and on animals, although there seems to be no reasonable doubt as to the value of the antidote. The dose, in ordinary cases of morphine poisoning, is given at ten to fifteen grains repeated three or four times; but, if more than fifteen grains of morphine have been taken an equivalent of permanganate must be administered, as it has been shown that a certain amount of morphine is decomposed by an equivalent amount of permanganate of potash. For further reference the inquirer is referred to articles by Dr. Moor, in the New York Medical Record, February 17, and April 7, 1894. This treatment seems to be as "sure" as any, in cases of acute poisoning. F. S. P.)

MEDICAL DEPARTMENT OF THE UNIVERSITY OF CINCINNATI.

The Cincinnati College of Medicine and Surgery has been affiliated with the University of Cincinnati under the title of the Medical Department.

The Times and Register.

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PHILADELPHIA, MAY 5, 1894.

WHOLE No. 817.

Original.

A CASE OF GONORRHEA IN A FEMALE.

BY R. J. NUNN, M. D., SAVANNAH, GA.

The subject of this theory was referred to me by a general practitioner for an obscure and troublesome condition of the rectum. She was a nullipara, unmarried, aged about 18 years, and complained of a continual burning pain in the rectum, all the discharges from which were more or less purulent, and if solid were coated with pus. There was also an annoying tenesmus.

These symptoms had existed for several days before her visit to me, three days before which she began to complain of ardor urinæ, followed in two days by a vaginal discharge, which the girl called "whites." There was no constitutional disturbance, but the facial expression of the patient showed marked evidence of suffering.

Here was a most unusual train of symptoms to deal with, but after revolving the matter in my mind and recalling some former experiences in the same line, the conclusion forced itself upon me that the case was one of gonorrhea, although the social position of the patient was such that her regular medical attendant had not conceived it possible.

A careful physical examination of the patient and the secretions confirmed the opinion already formed, and the patient acknowledged the probable accuracy of the diagnosis, giving a date three weeks anterior to her visit to me as the only possible time for inoculation.

The physical examination of the patient revealed a high state of inflammation of the mucous membrane of the rectum, vagina and urethra; there was, moreover, considerable endocervitis with erosions of the os and ectropium of the endocervium. Certainly the disease had invaded the cervical endometrium; prob-

ably soon would, if it had not already extended into the body of the uterus, and might be expected to show evidences of its presence in the fallopian tubes.

The exact state of affairs at the time and the prognosis were given to the patient, and treatment begun, with the result that the condition of all accessible parts was ameliorated and the more painful and annoying symptoms disappeared; but in a month the case developed an intense peritonitis and salpingitis, accompanied with a copious purulent discharge from the os, from which she made a good recovery in ten days.

The treatment followed was copious aseptic injections and douches, followed by injections of petrolatum liquidum into the rectum and urethra; the vagina was washed with petrolatum through a speculum and tampons saturated with it were inserted and changed daily.

The endometrium was treated with tents of cocoa butter. The progress of the case was satisfactory as far as all accessible parts were concerned, but the condition of the adnexa must remain in doubt.

It was especially interesting to observe the rapid relief of the rectal symptoms which followed the injection of a couple of ounces of petrolatum, and continued from twelve to eighteen hours.

The points of interest in this history are the mode of accession, the disease manifesting itself in the rectum, and its subsequent extension to the urethra and lastly to the vagina. I can recall no similar case in the literature of the disease; indeed the implication of the rectum is exceedingly rare, except in cases of direct inoculation, which I have been assured and have reason to believe was not the case in this instance.

Therapeutically the interesting feature of the case is treatment of it by oleaginous applications.

VERBAL REPORT OF THREE CASES OF LEFT INGUINAL COLOTOMY.*

BY JOHN H. PACKARD, M. D.

By some surgical writers, notably the elder Gross, the opinion has been expressed that the making of an artificial anus by opening the colon placed the patient in a condition so distressing that death itself would be preferable. My own experience with these operations warrants me in upholding a very different view. My first case occurred in 1873, and I had the advantage of the presence and assistance of Professor Gross and of Dr. Levis; the patient, whose rectum was occluded by a uterine cancer, lived in comfort for eight months, dying then from exhaustion due to the advance of the disease. In this instance, and in other cases for many years afterward, I made the opening in the left loin, thinking the access more ready, and preferring to avoid encroaching upon the peritoneum. There is, however, one great objection to the method, that the point of exit for the feces is so placed as to be only with difficulty reached by the patient, and to require the assistance of others in attending to it.

For the operation in the left groin, I think the best rule as to the incision is to make it just as on the right side in appendicitis, an inch and a half from the left anterior superior iliac spine, and at right angles with a line between this process and the umbilicus. With scrupulous asepsis the opening of the peritoneum is made with safety; the operation is one of no more difficulty than that in the loin, and the artificial anus is entirely under the patient's control. The directions given in some of the books for the finding of the bowel seem to me to be needlessly complex; if the large intestine does not immediately present itself in the wound, a portion of the small intestine will, and must be pushed aside, when the sigmoid flexure, especially if distended, will be seen, and may be recognized by the longitudinal muscular bands.

My own opinion is that it is a matter of but little moment whether the bowel is opened at once or after the lapse of several days.

I do not think it important that the gut should be well drawn down into the wound until the portion above this point is slightly tense, so as to avoid subsequent prolapse through the artificial anus. Even with this precaution it sometimes happens that the inner wall will pouch out and be a cause of some annoyance.

For suturing the edges of the peritoneum or those of the skin it is well to use black silk, so that these stitches may be readily distinguished from those by which the bowel itself is fastened in the wound; these latter should be of white silk, and should penetrate beyond the muscular coat, but not through the mucous membrane.

It is not always easy to judge how large an opening should be made into the bowel. In a child, or when the wall of the gut is very thin, a small orifice will suffice; and I do not think more than three-quarters of an inch is ever necessary.

Case I.—James Brewster, a mulatto, aged 55 years, but looking much older, was admitted into my ward at the Pennsylvania Hospital, November 26, 1892, on account of epithelial cancer of the rectum. His condition was most deplorable; there was a mass of disease-stiffening the wall of the bowel and discharging from its ulcerated surface a very offensive pus, which, mixed with fecal matter, flowed away constantly through the wide-open anal orifice. Hence he not only suffered agonizing pain, but the intolerable fetor made him loathsome to himself as well as to all about him.

He had, moreover, a left inguinal hernia, which he ascribed to the kick of a horse in January, 1891. This did not in any way interfere with the operation, which was done four days after his admission. The opening into the bowel was not made until December 4, or four days later.

Immediately after the operation his temperature fell to 97.6 degrees, but he soon rallied and did well. The artificial anus gave no trouble, but was cleansed once daily. By means of washing out with solution of potassium permanganate or other detergents, the rectum was rendered inoffensive. A portion of the diseased mass was curetted away about four weeks after the colotomy, but no more radical procedure seemed to be justified.

*Read before Philadelphia Academy of Surgery, Meeting March 5, 1894.

The patient lived in comfort until April 18, nearly five months, and then died painlessly from exhaustion.

At the autopsy it was found that the morbid growth extended five inches above the anus, and had involved the posterior wall of the bladder; there were abundant deposits in the pelvic and mesenteric glands.

A somewhat noticeable fact was that the serous covering of the gut was adherent to the parietal peritoneum for a long distance above the point of operation.

Case II.—Ellen Black, aged 52 years, was admitted under my care in the Pennsylvania Hospital, October 24, 1893, suffering from extensive cancerous disease of the uterus, involving the rectum; she had not had a natural stool for a year. Her general health was not greatly impaired, but she had great distress by reason of the rectal obstruction.

The next day I exposed and secured the sigmoid flexure, and 24 hours afterward opened the bowel. Just after the operation her temperature fell to 96.2 degrees, but reaction took place quickly. Regular movements were soon had through the artificial anus, and on the seventeenth day she was discharged at her own request, to return to her home in Sullivan County, Pa.

Case III.—Mrs. M., aged about 50, living in one of the cities in the interior of this State, was seen by me in April, 1893, on account of almost total obstruction of the rectum by the pressure of a tumor of the womb, which filled up the entire pelvic cavity. To attack this in its then condition seemed to me, as well as to her physicians, unwarrantable; and as her suffering arose mainly from the rectal obstruction, I proposed opening the bowel in the left groin. To this she agreed, and I performed the operation at her residence. Complete relief was afforded, and after some experiments in the devising of a suitable contrivance for keeping control of the contents of the bowel, this lady was enabled to resume her active life, going into society freely, and attending to all her affairs without hindrance.

Should this tumor, probably a fibroid, develop so as to rise out of the pelvis, the question of hysterectomy might be entertained; and if this were successfully accomplished the closure of the artificial anus might, perhaps, be undertaken.

GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

62d Meeting.

PUERPERAL MANIA.

Dr. G. Lane Taneyhill read a paper on "Puerperal Mania" in which he gave his personal experience. He confined his paper to that division termed by Lusk "The Insanity of Childbed," and by Ramsbotham, that form attended by great excitement and furious delirium, intentionally ignoring the other two forms, the "Insanity of Pregnancy" and the "Insanity of Lactation."

When we consider how active are the causes of physical disturbances in women during their child-bearing period we need not be astonished at Tukes' assertion that of the insane admitted to asylums, in one-eighth the affection is of puerperal origin. Of the seven cases he had treated, five were of the excitable, furious form; this form predominates in Burrows' statistics, who out of a total of 57 noted 33 as maniacal, 16 as melancholic and eight as alternating, and Playfair gives the relative proportions of each form, per 100, as follows:

	Per Cent.
Insanity of Pregnancy.....	18
Puerperal Insanity.....	47
Insanity of Lactation.....	34½

Women endowed with acute feelings, of an excitable temperament, and especially unmarried women who have conceived, and who experience a deep mortification and have necessarily been exposed to other harmful factors, are probably more predisposed to this affection than others. Of 92 cases treated by Esquirail, 29 were "illegitimately pregnant."

Many causes are assigned for this sad affliction, among which is "that undue excitability of the nervous system present during pregnancy, labor and the chief portion of the process of lactation." Half of the 80 lying-in women who were treated by Burrows, and who became delirious, had an hereditary disposition to insanity. Terror and alarm had been assigned as causes in two of Dr. Taneyhill's cases. Diseases antedating pregnancy—hemorrhages and eclampsia—may be considered proximate but not fundamental causes of puerperal mania. Septicemia is mentioned by Sir James Simpson as a cause in four patients in whom he found albumin in the urine, and Dr. Donkin, in the 7th volume Edinburgh Medical Journal, sustains the view, calling it renal puerperal mania.

Playfair, however, criticises this hypothesis by asserting that the albuminu-

ria is transient while its supposed effects last for months, and says, "Why should uremic poisoning in one case cause insanity and in another convulsions?"

The impatient, irritable, suspicious victim of this malady may first fill the attendants with consternation by suddenly breaking out in a wild torrent of invective against her husband or some dear relative. This will frequently be followed by listlessness, obstinacy and an absolute ignoring of the fact that she has lately given birth to a child, or she may insist that the child has died or is that of another.

The countenance is changed, the sweet disposition becomes one of studied revenge, the chaste demeanor is supplanted by immorality and obscenity of language incredible, except to those who have been compelled to be in the presence of such a maniac; inattention and perverseness will follow in the quieter intervals. Frequently the lochia are suppressed and bowels constipated and persistent insomnia continues to resist some of the most approved anodynes.

Gooch in his work on "Disorders of the Mind in Lying-in Women," refers to a case of delirium tremens which simulated this disease, but the known habit of indulgence or the contrary, in a few days, reveals the true nature of the case. Phrenitis, encephalitis or acute delirium, although like puerperal mania, are accompanied by violent and furious excitement, yet we also have tinnitus, vertigo, severe pain in the head, high fever, hard pulse, congested eyes and intolerance of light; whereas, in puerperal mania we generally have a quick but soft pulse, seldom any rise of temperature, face pale and impressing one as if the patient were suspicious of some betrayal or calamity about to ensue, with eyes bloodless and without expression, and a disposition to gaze contentedly at the midday sun. After relating several amusing cases of mistaken delirium tremens and phrenitis for puerperal mania he referred to the prognosis, remarking that his fatal cases were those occurring soon after delivery and having a continuously rapid pulse, two out of seven having died. Esquirol, in treating 92 cases in four years, had 55 recoveries, and Burrows reported from 57 cases 35 recoveries, 11 remaining uncured, 10 died and one committed suicide. Thus it will appear that Lusk is safe in estimating the recoveries at 60 per cent.

He had seen but one post-mortem of a subject of this distressing malady, and the only discovery of note was a marked absence of blood in the brain. He knew of no other post-mortem condition peculiar to the disease. Restraint and seclusion he considered absolutely necessary in the treatment; send her to an institution, if possible one on the "cottage plan," undisturbed by the noise of other maniacs and withdrawn from the visits of friends and relatives. If compelled to treat her at her own house take a high, quiet room; ventilate, but screw sash to window frames, remove "dangerous" articles of furniture, interdict

visits and retain a patient, intelligent, matronly nurse. "Combat morbid symptoms as they arise;" allay nervous excitement, but abstain from any medication that may exhaust the patient; freely evacuate the bowels; restore the lochia if suppressed; freely use the warm sponge bath, and, of all things, secure for her an abundance of sleep; he gives half a grain of morphia hypodermically each night, repeating it in six hours if necessary. As "excitation is not inflammation," and, as Burrows says, muscular exertion is not vital power, we should not in these cases resort to blood-letting and powerful sedatives. If the action of morphia is resisted, Dr. Taneyhill resorted to 30 grain injections of hydrate of chloral per rectum in warm milk. She should be compelled to take a free and full diet to counteract the astonishing waste of tissue which supervenes.

In 1868, as we discharged a beautiful young married woman from the Maryland Hospital for the Insane, sound in mind and body, he remarked to the superintendent that it was sad to think that she had any ovaries, implying, of course, that she should not again be subjected to the liability of conception. It is said that Professor Goodell at International Medical Congress of 1881, remarked that every insane woman should be deprived of her ovaries; he was not prepared to express such a radical opinion, but had observed in the American Journal of Obstetrics, 1892, that Dr. Rohe, of this society, had the courage, in a moderate number of cases, to bring to the test of experience this hypothesis. Four of the cases operated on were those of puerperal mania. We are told that two were improved, but not cured, and two left the asylum quite well a few months after the operation. A conservative man might venture the opinion that at least in cases of recurrent puerperal mania, where the sexual disorder is clearly responsible for the insanity, the ovaries ought to go.

In convalescence give your patient a change of location and air, and this, with new environment and the constant presence of an intelligent, cheery nurse, and yet with few visits for several months by relatives, we may reasonably expect complete restoration.

Dr. Rohe: I want to take occasion to say that I do not agree with the opinion of Dr. Goodell expressed in 1881 or his present opinion, which is just the opposite.

The general consensus of opinion is that in the majority of instances puerperal insanity is due to septic infection.

I think that opium in any maniacal condition, unless necessary to maintain strength, is bad. Chloral is much better unless the heart is in bad condition, and in these cases it can be combined with digitalis. Assuming that most cases of puerperal mania are due to sepsis, and that opium is bad in septic condition, I think opium is bad in this disease. Chloral with digitalis, or sulphonal or trional are better.

Dr. Neale reported the following case of puerperal mania, Mrs. D., white, 38

years, 1 para, delicate, nervous temperament and probably tuberculosis. Family history of insanity only on father's side.

Patient had recently been under gynecological treatment and complained of a fistula discharging into vaginal entrance, the orifice of which I could not find at my first and only examination made before confinement.

Was summoned to attend her in labor at term during afternoon of May 27, 1885. Pains at first scarcely appreciable, gradually increased and the slow tedious labor was terminated naturally at 12.20 P. M., May 29, 1885. Slight perineal laceration sustained. After labor patient continued very restless, complained of pain in chest and abdomen, vomited and did not sleep until 4 $\frac{1}{4}$ -grain doses of morph. sulph. had been given hypodermically at intervals of one hour.

She was delivered at 12.20 P. M. and 10 P. M. temperature was 100.1-5, pulse 112, resp. 24.

After a restless night, I found patient next morning, May 30, with temperature 102, pulse 112, respiration 24, and complaining of pain in chest and abdomen, for which no local cause could be found.

MANIACAL ATTACK.

At 2 P. M., May 30, nearly 26 hours after delivery, patient screamed out with pain in chest and abdomen, and also loudly shrieking "my back is breaking," became violently maniacal, voiding urine freely in bed. I at once gave her ten minims of Magendie's sol. hypodermically, which was followed by sleep.

Upon immediate consultation with Professor Miltenberger, puerperal septicæmia complicated with mania was diagnosed, and the patient was given 20 grains of chloral every two hours, according to effect produced.

Sleep followed throughout most of the night, but she was maniacal whenever awake.

May 31, A. M.—Temperature, 100.2-5; pulse, 112; respiration, 24. Patient conscious and better. Mania recurred during the morning, however, slight tympanites developed, lochia became scanty and tainted, and temperature and pulse gradually increased. The uterus was washed out, quinine was given internally, together with liberal stimulation, and morphine according to mania, sleeplessness, etc., but she sank and died at 6 A. M., June 1, 1885.

Dr. J. Edwin Michael: "I have seen only one case of puerperal insanity; it was due to sepsis; had symptoms of melancholia and finally recovered. She was treated with bromidia. I agree that these cases are associated very often with sepsis, but that does not account for all of them; heredity is, no doubt, a very powerful causative agent. We should remember that women who have a hereditary taint may be attacked during the puerperal period.

Dr. Wilmer Brinton: I have seen three cases; all went to institutions for the insane; all died. One case had mania in her first confinement and recovered. With her second child the mania re-

turned and she died. In another case the insanity came on the 14th day; she was treated at home for some time, and at last was sent to an asylum, where she died in three or four weeks. While I agree with Dr. Rohe that chloral and bromide are better than opium in most cases, there are exceptional cases where the opium is much better.

Dr. John Neff: I have had three cases of puerperal mania. The first patient was Irish; the labor normal; the puerperal period was normal up to the fifth day, when her husband came home drunk and in 24 hours she had developed puerperal mania. She was removed to an asylum and died in five days.

The second case had eclampsia which came on before and continued twenty-four after labor. She developed puerperal mania from which she recovered at home. She has since been confined and has had neither eclampsia nor insanity.

The third case was treated at home without success and was afterward sent to a private asylum where she apparently recovered. During the following five years she was well most of the time but finally committed suicide.

Dr. Ashby: I have seen only one case of puerperal insanity and that not a violent one. There was a back family history and she had had slight attacks before she was confined. She recovered but has not been perfectly sound.

I have had two cases after laparotomy in which I consider sepsis to be the direct cause.

In one case seven days after operation pus collected in the pelvis and she became wild and maniacal. Three weeks afterward the sepsis cleared up and she recovered.

The second case occurred recently. I removed a large pus sac which ruptured and I used drainage. At the end of 72 hours she developed mental trouble, jumped out of bed, tore open the wound, but finally recovered without a rise of temperature above 100 degrees. When the wound was completely healed the mental trouble disappeared.

Dr. G. Lane Taneyhill: In closing the debate remarked that he had mentioned septicæmia as a cause, but did not dwell on it in speaking of treatment for none of his seven cases were traceable to septicæmia. Four recovered, two died and one went into profound melancholy. He did not agree with modern gynecologists that "nearly all cases of puerperal mania are attributable to septicæmia." He could even in these days administer morphia hypodermically in large doses to the raving puerperal maniac in preference to giving sulphonal or paraldehyde. Yes, he proposed and did use "mechanical restraint" in certain cases of this disease when the wild woman after a struggle of four hours of excitement was not bodily controlled by the nurses and continued to resist strong anodynes administered in different ways. It must be remembered his paper exclusively contemplated those cases characterized by furious delirium.

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PHILADELPHIA, MAY 5, 1894.

THE PRESENT STATUS OF HERNIAL OPERATION FOR RADICAL CURE.

In spite of the well-known fact that no operation has yet been devised which always secures a radical cure of hernia, and relapse is the rule, still operative procedures, which have in view the obliteration of rupture, are being performed on a large scale both in Europe and America. Scarcely a month passes but we read of some new operation, though when we come to scrutinize the literature of the past, we will find that it is the same old story of "old wine in new bottles."

This class of infirmities furnish an abundance of clinical material for the operating theatre. Antiseptic precautions have rendered them practically free from danger to life, and an odd one may not relapse. But operative herniæ, when they do return, are more ungovernable, a truss retaining them with great difficulty.

It may be said that surgical measures for a small hernia which can comfortably be supported by a truss should not be advised, but they should be reserved for those cases in which stran-

gulation is threatened, those small in volume, which cannot be controlled by a truss, or are recently incarcerated and are steadily increasing in volume, a class not common, but which can only be cured by an operation.

THE TREATMENT OF PNEUMONITIS.

Croupous pneumonitis, at the present day, is a far different disease than it was thought to be a century ago. This is a statement which will, perhaps, apply to nearly every disease with which modern scientific teaching has to deal. Epidemics of pneumonitis occurred centuries back. Prisons were infested, whole households and communities were victims, and yet it was not then considered that there was any specific cause for the many cases which followed each other in turn.

At the present time we are to look upon pneumonitis as a disease produced by a specific micro-organism; a diplococcus, and, hence, both infections and epidemic.

If we are to treat this disease with success we must bear in mind also certain other points secondary to its specific nature—the tax on the vaso-motor system, the overloaded right side of the heart and the impairment of respiration; we are all familiar with the symptomatic indications which require treatment in pneumonitis.

Attempts have been made to find a "specific" for the treatment of this malady. The injection era has lent its precedent for experimentalists to try some antidotal blood serum from persons recently recovered from an attack of pneumonitis. The argument is that a person recovers from this disease because some anti-pneumotoxine develops in the blood which is an antidote to the pneumotoxine existing while the disease is in progress; hence, the person recovers (pneumonitis being self-limited).

However this may be, reports given rather prove that there is some value in this specific treatment. The quantity of serum used is given at from 4 to 6 cubic centimetres, uniform recovery being the result.

We are not to lose sight of the fact that in the early stages of this disease there is great need of symptomatic treatment. The state of the vaso-motor system, the congestion of lung tissue and the consequent overwork for the right

side of the heart all point to equalizing the blood pressure by dilations of the arterial system. At first, then, aconite is the drug strongly indicated. This, however, must not be continued beyond the first stage, as aconite is also a depressant, and heart tonics are shortly indicated.

Among the latter strychnine plays an important part. Trinitin may be used when symptoms point to a heart stimulant, and digitalis is yet to be relied upon in cases of emergency. Alcohol is a useful agent in this disease, but must be used judiciously.

For pain there is nothing equal to a hypodermic of morphia, guarded with atropia.

Food is essential, but much caution is necessary not to overburden the stomach with great quantities. Four or five-hour intervals are essential to give the stomach proper rest. Water can be employed, as there is a demand for liquids by the system. Water, however, should be pure and free for bacterial tendencies.

During convalescence tonics with iron are useful.

THE CODE OF ETHICS AND THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

The discussion relative to the code of ethics and advertising in the American Medical Association goes on lively in the journal of that body. The truth of the matter is, that, as a representative body of professional men, this association has a journal which would live were every advertisement stricken out of it. We do not say that this would be good business policy, but that this is the one journal of America that could do so.

Every member of the association has, or should have, his own views regarding the policy of the journal of which he is a part owner, but it is a notable fact that good business principles and true professionalism do not seem to be combined in American medicine.

We wonder how many of the leaders of the movement against advertising in the journal of the American Medical Association daily prescribe the very preparations which they so openly condemn. It is the back office of the drug store and the prescription book that will tell the story.

The plea of ignorance is nonsensical. There is no physician so ignorant that

he cannot tell a proprietary advertisement when he sees one. At least, he would not like to be counted so unlearned.

Moreover, it is a fact that these very men who so cry against advertising are the very ones who will write long articles and have them published in journals full of proprietary advertisements. What is this but advertising in a sense? In fact, it is a method which some gentlemen pursue in order to advertise themselves. This is not saying that every physician who writes intends, by so doing, to advertise himself, but, nevertheless, he does so more or less, and there are some who write only for this purpose.

We like to see medical men stand in the front ranks of their profession and give to science the results of their labors through the medium of the medical journals of the country, but it is rather hypocritical for "the pot to call the kettle black."

We do not object to the advertising department of the Journal of the American Medical Association. It is a business policy which every successful medical journal holds out. We are aware that great caution is necessary in selecting suitable advertisements in a journal that so purely represents the medical profession, from a strictly scientific standpoint, as well as in any reputable medical journal, but we must submit that the medical profession know a legitimate thing when they see it, and are not bound by every advertisement which appears in the pages of a journal to regard such as they would the scientific articles confined to the reading pages.

There are always enough men in all professions who think they know how this, that and the other thing should be conducted better than those who have charge of the same, when they have never attempted to find out the first item regarding it.

If we, as members of the American Medical Association, are to set example to the profession at large and to the medical journals of America let us vote to cut out every advertisement in our representative journal and devote it to the transactions of the associations purely and simply. It would, of course, be a great financial loss, but would free science from any connection with personal gain.

Then let us give the code of ethics a little rest.

CHANGE OF CLIMATE OR AN OCEAN VOYAGE FOR THE SICK MAN.

There is perhaps nothing in the whole realm of sanitary science about which so much difference of opinion seems to exist as on the question of the relative value of the effects of travel as a curative agent, or, in other words, whether, on the whole, it is to the advantage of the sick for us to recommend to them a change of habitation.

It goes without saying that when one resides in a pestilential climate, under bad sanitary surroundings, that immediate removal into another more congenial atmosphere must constitute his only means of escape from disease or death. But in another great class of cases, in which a patient is constitutionally feeble, or is suffering from serious organic disease, it is, generally, either advisable or justifiable to recommend a sudden change of climate or an ocean voyage.

This is a hard question, which to consider, even in our time, would occupy extensive space; hence but a word will be offered here in connection with ocean travel for the sick.

To any one who has even a moderate experience with life at sea it is only too evident that even under the most favorable surroundings the ocean is no place for a sick man. Indeed, except under the most extraordinary circumstances, to advise an ocean voyage to one in a reduced state of health is both cruel and heartless. Conceding that he will enjoy fresh, pure air and bodily rest, it is more than offset by severe seasickness, which is always more prostrating and dangerous with those whose bodily strength is below par.

The pitching and rolling of an ocean flyer in the smoothest sea, the noise of moving machinery, the narrow quarters and nautical diet all exercise a most depressing effect.

In Bright's disease and pulmonary tuberculosis a sea voyage is most disastrous. No doubt, in a large number, when our patient's ailments are but functional, and we are fully assured that ample provisions will be made for his comfort, and the voyage will be a short one, we may permit it, but not otherwise. Under any circumstances the good which may come through it depends rather on the change of climate.

RESIGNATION OF DR. PEPPER AS PROVOST OF THE UNI- VERSITY OF PENNSYLVANIA.

Dr. William Pepper has resigned the office of Provost at the University of Pennsylvania, and in tendering the same has presented the University with a check for \$50,000. We, therefore, congratulate the University on its good luck in having so beneficent a friend, while we deplore its misfortune in losing such a hard-working Provost.

However, Dr. Pepper does not lay down his work, in the institution; he is to devote more energy and time to science and medicine therein, and in this respect the University will probably gain more than it has lost by his resignation of his other office.

The University has prospered and grown under his management, and is now in a position of high attainments, a thing for Dr. Pepper to be justly proud of.

Book Notes.

TRANSACTIONS OF THE AMERICAN DERMATOLOGICAL ASSOCIATION, at its seventeenth annual meeting, held at the Hotel Pfister, Milwaukee, Wis., on the 5th and 6th of September, 1893.

REMARKS UPON APPENDICITIS, BASED UPON A PERSONAL EXPERIENCE OF 181 CASES. By Maurice H. Richardson, M. D., of Boston. Revised and corrected from the American Journal of the Medical Sciences. January, 1894.

THE THERAPEUTIC USES OF THE SALTS OF CESIUM AND RUBIDIUM. By Theodore W. Schaefer, M. D., of Kansas City, Mo. Reprinted from the Medical News, March 10, 1894.

FURTHER REMARKS ON THE OCCURRENCE OF A FORM OF NON-ALBUMINOUS NEPHRITIS OTHER THAN TYPICAL FIBROID KIDNEY. By D. D. Stewart, M. D. Reprinted from the Medical News April 14, 1894.

AURAL CHOLESTEATOMATA. By E. B. Gleason, M. D., surgeon in charge of the nose, throat and ear department of the Northern Dispensary, Philadelphia. Reprinted from the Medical Bulletin.

Dr. Adolph Meyer is preparing a summer school for neurology and mental diseases at the Illinois Eastern Hospital for the Insane, at Kankakee, Ill. The session will begin about May 15 and will continue six weeks.

Surgery.

Under the charge of T. H. MANLEY, M. D., 302 W. 53d St., New York.

VAGINAL HYSTERECTOMY IN THE TREATMENT OF PROLAPSED UTERUS.

M. Paul Reclus sets forth very clearly, though briefly, the conditions in which vaginal hysterectomy may be utilized in cases of uterine prolapse.

He reports three cases in his own practice. One was a septuagenarian, feeble and cachectic. Owing to its exposed position the uterus was greatly congested and eroded, and locomotion was slow and very painful. Urination was always attended with a scalding, burning sensation, and altogether her condition was one of great misery.

In order to reduce the dangers of operation to a minimum, he contented himself with employing cocaine alone.

By making a row of circumferential punctures, he was able to wholly subdue pain. After a free incision, which liberated the vaginal from the uterine wall, and reaching the broad ligament, he placed on either side a heavy pair of clamp-forceps, which were not removed for 13 days.

Everything seemed to be doing well, the wound had entirely closed, when she developed pulmo-cardiac trouble and died. This was an old chronic affection, which had annoyed her, and reduced her strength, for a long while, before the operation.

The next case was in a wash woman, married, though was never pregnant. Menses ceased when she was 51 years old. When she was 58 she first noticed a descent of the uterus, with a pessary failed to control. As the uterus descended in full volume, she suffered from vessical pressure and constipation.

In 1891 and 1892 she had successively performed on her anterior and posterior colpoperineorrhaphy, but in each instance relapse promptly followed, and she was worse than ever. On the 15th of March, '91, she again reported at Broussais, for further relief, when a vaginal hysterectomy was performed.

The details and technique of operation were very simple, cocaine being again employed. In this case, the com-

pressing forceps were kept on but 24 hours. Recovery was prompt and she soon left the hospital, returning, however, in a few days, with two large tumors projecting through the vulva, one a rectocele and the other a cystocele. Now a solid plastic operation was performed, and the vagina completely closed.

The permanent result was very satisfactory and now, 20 months since the last operation, the cure is perfect.

The third patient was a woman, 52 years old, who had a prolapse for many years, which was so complete and persistent as to render the life of the unfortunate woman one of constant misery.

The method of operation was as simple as in the two preceding cases; although the tissues at the vagino-uterine junction were so vascular as to have seemed to have been transformed into angiomatoris strictures.

The circular incision gave issue to a copious hemorrhage, requiring the employment of several hemostatic clamps; but it was finally subdued and the operation completed.

The wound healed well, everything seemed to do well, until she took her feet, when a large prolapse of the bladder followed, necessitating a complimentary colpoperineorrhaphy. It is now more than a year since the last operation; reduction is entire and there are no signs of a relapse.

The author concludes, from these observations on three cases, that a vaginal hysterectomy, for these cases, is one of great simplicity and quite innocuous. He admits that the vascularity of the parts is great; but, he affirms, that, as the vessels are so accessible, there is no difficulty in subduing hemorrhage; and he declares that it is one of the simplest operations in surgery. He gives at length his preference for the clamp-forceps; rather than to adopt M. Quenu's plan, of depending on the suture. In all cases he regards it important to simultaneously perform a colpoperineorrhaphy.

As indications for vaginal hysterectomy, he affirms that it is only in those

cases which cannot be controlled by mechanical support that it should be entertained. He also warns against operation before the menopause; for he questions one's right to unsex a woman, except when life itself is imperiled. Besides, he states that in many, after menstruation ceases, the uterus diminishes in volume and recedes upward into the vagina.

—Gazette de Gynecol. March 15, 1894.

(NOTE BY THE TRANSLATOR.)

M. Reclus is none too conservative for these times of promiscuous slashing.

In truth, a vaginal hysterectomy is always a highly formidable operation.

Let no one deceive himself into undertaking it who is not an accomplished surgeon; not on any except rare and unusual cases.

In all this class the prolapsus of the uterus is not so much caused through any inherent pathological changes in its own parenchyma, as in response to an ever-constant pressure from above; from a relaxed, displaced state of all the abdominal viscera, which pressure continues as unremittingly, after operation, as it did before the uterus was amputated. Hence, why a simultaneous colpoperineorrhaphy is indispensable; and in spite of this obstruction the tissues sometimes yield, and there is a further hernia through the vaginal outlet.

For certain cases, after the menopause, in which there are interstitial changes in the extended uterus and impossible comfortable reduction renders it practically a foreign body, then, without question, a hysterectomy becomes not only a desirable, but imperative procedure.

T. H. M.

A NEW TREATMENT FOR CHRONIC EMPYEMA.

Professor Delorme, of Val-de-Grace, at the French Surgical Congress, in 1893, presented an essay on pleuro-plastic operations, in cases of chronic empyema. His views were based entirely on speculative and theoretical considerations, for he had not yet an opportunity to fully test the applicability of his scheme on the human subject.

It was not until the 20th of January, 1894, that he had an opportunity to try his new method. His patient was a sol-

dier, who had chronic tubercular pleurisy, and had been operated on nine months previously, a pleurotomy having been performed.

A fistulous opening followed through the unclosed incision, and, besides, there continued great retraction of the chest's walls. Now, Delorme proceeded to so open the thorax, that the pyogenic cavity might be exposed, and all suppurating granulating elements might be cleared away.

With this end in view, he commenced by making an incision a little anterior to the costal convexities, through the third, fourth, fifth and sixth ribs, intercostal spaces, arteries and pleura. Now, having secured all the bleeding points, he was enabled to freely enter the thoracic cavity.

He found the costal pleura entirely covered by a thick, tough, fibrous membrane, which he was enabled to completely peel off. The vascular sub-membrane which invested the lung, he was able to treat in the same manner.

After he had wholly freed the lung, and unfolded it by liberating all the adhesions, which knotted its corrugated surfaces together, it rapidly filled with air, so completely as to occupy the entire cavity. Now, after the most thorough antiseptic precautions and flushing of the parts, a drain was inserted and laxatives were applied in such a manner that the breach was entirely closed in. As the report of this case was published only four days after operation, the final result was not determined.

—Bulletin-Generale de Therapeutique, 15 Avril, 1894.

FATAL COCAINE POISONING.

Reclus reports a fatal accident consecutive to the injection of cocaine into the urethra of an old man of 72, subject to atheroma and angina pectoris. A doctor called to him on account of retention of urine from hypertrophy of the prostate, after ineffectual attempts catheterism, performed vesicle puncture. Wishing to try the catheter again, he injected from 15 to 20 grains of a 5 per cent. solution into the urethra. The patient became pallid, was nauseated, and fell dead. Solution should not exceed 1 or 2 per cent.

The subscription list to the "Charcot" memorial has reached the sum of 5162 francs, \$258.10.

German Notes.

Translated by ADOLPH MEYER, M. D., Chicago.

SALOL FOR COVERING PILLS INTENDED TO REACH THE ILEUM UNDISSOLVED.

Dr. G. Oeder describes a method of covering pills with salol instead with keratine. Keratine covers did not prove to be satisfactory, as the contents of the stomach would easily cause imbibition and consecutive bursting—or the keratine cover would be altogether too hard, so that Ewald found such pills quite undissolved in the faeces (the re-creation of the contents of the ileum not always being alkaline enough to dissolve the keratine).

Oeder based his attempt on two properties of the salol—its being dissolved in the alkaline contents of the ileum, and its low melting point (180 degrees F.). He melts the salol and rolls the pills in it until their cover is thick and hard.

The numerous experiments show that this method is much more satisfactory than the keratine method.

The patients should be cautioned against three points:

1. Not to bite the pills and not to use any cracked ones.
2. To keep them in a cool place, as the cover melts at 108 degrees F.
3. Not to take the pills with food and drinks which dissolve the cover, as oils, warm food, etc. It will be best to give these pills one hour after the meals.

—Berl. klin. Woch., 4, 9, '94.

URTICARIA IN CHILDREN.

Funk and Grundzsch (Warsaw) obtained good results with the following treatment: Once or twice daily external application to the body of tepid diluted vinegar, and then of a powder. During night the children are covered lightly. In the cold season they recommend warm salt baths; during the warm season baths should be avoided.

Internally they prescribe:

Gram.

R Antipyrini.	15
Aq. distill.	25
Syrup gummos aa.	

T.—In the evening a teaspoonful.

—Internat. Klin. Rundschau.

Professor Lang (Vienna) injects in blennorrhagic urethritis and urethrocytosis 15-20 grains of a half dram solution of nitrate of silver into the empty bladder. He then removes the catheter and lets the fluid flow out. This causes considerable pain the first time, which, however, diminishes after the next injections. The results obtained are excellent.

—Int. klin. Rundschau.

DR. MEISELS ON THE USE OF CORNUTINUM CITRICUM AGAINST SPERMATORRHOEA.

D. M. treated 27 cases of spermatorrhoea with cornutinum citricum, 0.003 generally twice a day, with great success. A number of the cases showed very frequent pollutions by day or night; others only during defecation and micturition, and a few continued discharge from the urethra. The action was marked within a few days. The drug seems, however, to act only in paralytic spermatorrhoea, which is due to increased irritability of the spinal cord, hypersecretion of the sexual glands and lack of tonicity of the germinal vesicles and the ductus ejaculatorius. In two cases of spastic spermatorrhoea, due to inflammatory processes, there was no success to be noted.

In enuresis nocturna and diurna of children M. used cornutine with good success.

—Cbl. f. Med., Wiss.

BICYCLE DISEASE.

Dr. Tezzer describes under this name a series of affections of the perineum, largely caused by the pressure of the saddle. Especially in women, swelling of the labia majora and of the urethra is found, frequently associated with disorders of micturition. He further mentions varices of the anus, frequently with excoriations and also erections caused by venous stagnation and very troublesome. Compression of the nervous pudendus may produce anaesthesia of the perineum and the genital organs. In gonorrhoea abscesses in the perineum have been observed. He finally mentions occasional rupture of the urethra by sudden contusion.

—Munch. Med. Woch., 1894. 11.

Therapeutics.

Under the charge of LOUIS LEWIS, M. R. C. S., Philadelphia.

SOMATOSE, THE NEW RESTORATIVE.

Attention has recently been directed in medical and pharmaceutical journals to Somatose, a new reconstructive agent, and, according to the reports which have appeared, this preparation is especially suitable for weakly children and persons of reduced nutrition.

Somatose is an odorless powder, prepared from meat and readily soluble in water. The solution has a slight, not disagreeable taste, which is best covered by addition of milk or cocoa. Somatose contains the albuminous principles of meat in a soluble form, as well as its nutrient salts, but is almost completely free from peptone. Its preparation is based upon the following considerations:

The investigations of the last few years have shown that peptone, which is present in all meat preparations, beef extracts and peptonoids, possesses but slight nutritive value, and therefore is able to accomplish but little in cases where it is desired to raise the condition of nutrition of the patient and produce a gain in flesh. Another disadvantage of preparations with a high percentage of peptones is that in the course of time they disturb the taste and even excite repugnance; that they irritate the intestinal tract, and that diarrhoea not infrequently ensues after their use. The meat preparations and peptonoids in the market consist chiefly of peptone, and contain but a slight amount of other albuminous substances; and this explains why meat extracts and solutions prepared from them are valueless for purposes of nutrition, as has been generally stated by authorities. The latter are the substances which alone possess nutritive value, and should be preserved as completely as possible in meat extracts, instead of being eliminated from them, as is done in Liebig's extract of beef. These readily soluble proteids, the albumoses, have the advantage of being tasteless, and when introduced into the system are rapidly absorbed and taken up in the fluids of the body, while by reason of their ready absorption they at once contribute to nutrition.

These facts have long been known, but the attempts to separate the albumoses from the peptones which are formed in the process of manufacturing albuminous products were always unsuccessful, so that hitherto a preparation consisting exclusively of albumoses could not be obtained in the market. It is

but recently that the Farbenfabriken vorm. Friedr. Bayer & Co., of Eberfeld, have succeeded in preparing the albumoses in a pure state from meat; and they have therefore created a product which, in this particular, is unexcelled, and possesses the highest nutritive value of all the meat preparations in the market, whether meat extracts or peptonoids. This product has the additional advantage of being soluble in all ordinary fluids, so that it can be administered in milk, cocoa, gruel, bouillon, etc., and as it is practically tasteless, without the patient's knowledge.

TRIONAL IN NEURASTHENIA.

Insomnia is one of the most frequent as well as important symptoms which the practitioner is called upon to relieve in the treatment of neurasthenia. Unless the obstinate wakefulness which characterizes these cases is removed little can be hoped for from other therapeutic measures, and yet our list of hypnotics in this affection is not a large one. Morphine is generally contraindicated for a number of reasons. It is apt to disturb the digestion, and by increasing the constipation from which these patients ordinarily suffer prevents elimination of those poisonous substances—ptomaines and leucomaines—which pass from the system by way of the bowels. Aside from this neurasthenics readily fall victims to the morphine habit, or, as Dr. Mattison more properly calls it, the morphine disease. Chloral is a dangerous sleep-producer, as was evidenced but recently by the sad death of the great English scientist, Professor Tyndall. Bromides are not trustworthy; they occasionally succeed, but more often fail in producing sleep. The ideal hypnotic in neurasthenia must possess the combined qualities of safety, efficiency, promptness of action, ease of administration and freedom from unpleasant after-effects. According to the observations of a large number of practitioners and neurologists Trional is the remedy par excellence in conditions of sleeplessness, and in an interesting and able article on "Neurasthenia from the Standpoint of the General Practitioner," Dr. I. N. Love (Medical Mirror) adds the weight of his testimony in the following words: "As a sleep-producer I believe that trional in 10, 20 or 30-grain doses is the best remedy we have at hand. No exaltation, no depression and no bad effects, follow its use. I observe in a recent number of one of my exchanges a very pronounced tribute to this remedy by Dr. J. B. Mattison, of Brooklyn, N. Y., a high authority. His experience is entirely in harmony with my own."

In the administration of trional the best results are obtained by giving the drug dissolved in hot water, soup, beef tea, etc., shortly before retiring.

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

THE BLOOD IN MELANCHOLIA.

The author examined the blood of twelve patients and the analysis gave the following results:

1. In acute or chronic melancholia there was a marked diminution of the number of globules; in very few cases the percentage approached the normal. Hemoglobin was reduced in the same proportion.

2. A number of cases show considerable curvation of the globules, becoming less marked after a tonic course.

3. Systematic tonic treatment is very efficacious in the treatment of this form of insanity.

The administration of iron alone or combined with quinine and strychnine seemed to answer best. It showed that although melancholia cannot be produced by poverty of blood, yet that the latter is always associated with the former and the improvement in the symptoms coincides with the improvement in the general health and quality of the blood.

—Archiv de Neurologie, E. W. B.

VALUE OF THE HANDS AND FINGERS.

In settling a question of indemnity for the loss of these numbers it is useful to know what each member is worth from a productive standpoint.

A German Miners' Insurance Company has adopted the following scale:

Loss of the right hand lessens from 70 per cent. to 80 per cent. the capacity for work, whilst loss of the left hand only does so to the extent of 60 per cent. to 70 per cent. Loss of the thumb, 20 to 30 per cent.; the right index, 14 to 18 per cent.; the left, 8 to 13.5 per cent.; the middle finger, 10 to 16 per cent.; the right finger is quoted lowest—7 to 8 per cent.; the little finger, 9 to 12 per cent.

—Revue Medicale, E. W. B.

TREATMENT OF CHRONIC MALARIAL FEVERS.

The treatment was used in Athens (where inhabitants frequently suffer from these troubles), and it gave excellent results. Every one knows how difficult the cure of these affections is. The following is the method used:

The patient takes every morning four pills, one every half hour, consisting of sulph. quinine, arsenate of soda, ext. cinchona. These are continued each morning for two weeks, then stopped for a week, and again continued for two weeks, and so on for a period of three months.

The patient takes also twice a day a cupful of the following infusion:

	Gram.
R Yellow cinchona bark.	30
Wormwood.	30
Water, hot.	700
Dissolve in it.	
Extract cinchona.	3/75
Brandy.	60

In the morning, two hours after the pills, a cup of milk is taken. At dinner and supper strong soup, beefsteak, eggs, old wine. Early retiring.

Bulletin de Therap. E. W. B.

TREATMENT OF THE MORPHINE HABIT.

The two methods of treatment—by rapid suppression, by suppression by degrees—both present serious inconveniences. Most authors prefer the method of gradual diminution of the doses.

In practice Beridon shows that it generally is necessary to have recourse to hypnotic aid in order to bring about the cure.

Before commencing treatment a certain number of sittings are necessary to bring the patient into sympathy with the operator.

When he has become malleable and "suggestible," the time has arrived for the specific measure to be begun. In certain cases the "demorphinizing" can be carried out at the patient's home; it is sufficient to isolate him from his usual surroundings. There are cases where complete isolation is indispensable; when, for instance, mental disorder has occurred. In these suggestion diminishes to a great extent the pains and mental sufferings brought on and exaggerated by the momentary abstinence.

The duration of the treatment is about two or three months.

When the patient has been reduced to very small amounts, then entire suppression should be made. This is the time at which disorders, such as vomiting, diarrhea, excitement and depression, necessitating a constant surveillance, occur. These are less serious than they appear to be, and generally disappear in two or three days.

Convalescence is shorter according as the suppression has been slower.

Cures obtained with the aid of suggestion are more permanent than those brought about by forced suppression, as they are based on the awakening and return of the will power.

—Prog. Medicale, E. W. B.

TREATMENT OF ALOPECIA.

Shampoo the head and thoroughly cleanse with cold water. Dry and put in the following:

R. Corrosive sublimate..... 7gr.
 Distilled water 5oz.
 Glycerine, cologne, each....1½oz.
 Then, having dried the hair, rub with Alcohol absolute 3oz.
 Naphthol 7grs.
 And lastly, with
 Salicylic acid 30grs.
 Ext. benzoïn 45 drops.
 Neats foot oil 3oz.

—La France Med. E. W. B.

TREATMENT OF POST-GRIPPAL NEURASTHENIA.

This condition has been noted more frequently of late than after former epidemics, and probably is connected to a great extent with the method of treatment now followed. In all patients treated with antipyrin the sequels have been graver than in others; as a consequence of the depressing action of the drug.

Therefore, its use requires caution. The following rules are advisable:

1. To reserve the use of antipyrin to cases in which the pains of the muscles are intense.

2. To administer it in a transient manner, one or two large doses (as for instance 1 gram).

3. To associate it with quinine as a counterbalance to its depressant action.

When neurasthenia is declared the treatment should be regulated by the indications of the urine, examined daily.

When the salts of the urine are in excess the following should be given at the commencement of each meal:

	Gram.
R Phosphate soda..	20
Potassa.....	25
Lime.....	50
Calcined magnesia.. . . .	10
Pow'd nux vomica.. . . .	05

At the same time, twice a day, 1 or 2 grains of kola should be taken either as elixir or powder.

When the urine is normal—At each meal, one of these pills should be given—intestine by the use of:

Quinine sulph.....	|
Dry extr. of quinquina. aa. 1	|
Powd. nux vomica.. . . .	18
Ft. pil J. No. XX.	
Also a teaspoonful of some preparation of the hypophosphites.	

—Med. Moderne. E. W. B.

TOXIC SUBSTANCES EXTRACTED FROM THE SPLEEN OF SCARLATINA PATIENTS.

Bokenham and Fenwick extracted from the spleen of patients suffering from scarlatina poisons with which they experimented on animals. They followed the usual process for obtaining animal extracts, and the animals experimented on were rats, mice, guinea pigs and rabbits.

They used 10 cgms. of the extract for each kilogramme of the animal experimented on.

When the toxic was derived from a case of malignant scarlet fever it produced paresis of the hind legs, slowing of respiration, collapse, weakness of pulse and chills. The symptoms disappeared after a variable time. Used every day, the injections caused death (the rat in 10, and the rabbit in 15 days), from albuminuria with casts. With toxic substance from milder cases the results were milder.

With a portion of the extract soluble in alcohol there was a slight rise of temperature. In the animals which died there were pronounced renal affections, as to the nature of the poisons extracted, the matter is in doubt.

—L'Union Med. E. W. B.

A NEW METHOD FOR ANESTHESIA—BY LOCAL REFRIGERATION.

This method, recommended lately by Dr. Letang, consists in practicing on the surface of the part to be anesthetized interstitial injections of a liquid cooled to the required degree by means of a freeing mixture.

The best of these is probably a mixture composed of 8 parts of sulphate of soda and 5 parts of muriatic acid. It produces a temperature of 270 below zero.

In this mixture is placed a test tube filled with salt water, in which is plunged a thermometer and an injection syringe filled with the same liquid.

When the thermometer shows a temperature of 10 degrees above zero the syringe is removed, and the contents will be at about zero.

Some cubic centimeters of this injected produce temporary anesthesia without pain other than given by the needle, and lasting long enough for small operations. The liquid may be modified—e. g.:

	Gram.
Boiled distilled water.....	
Neutral glycerine aa.....	100
Sulphuric ether.....	2

This keeps well, and causes no inconvenience.

—Rev. de Therap. E. W. B.

Ophthalmology.

Under the Charge of J. A. TENNEY, M. D., 2 Commonwealth Ave., Boston.

CILIARY INJURY.

Dr. Keyser, of Philadelphia, reports two cases in the *Ophthalmic Record*, in which the ciliary body was cut through, and yet he succeeded in saving the eyes.

The first case was a child, whose left eye was struck by a piece of flying glass, cutting the sclerotic from the margin of the cornea downward and outward through the ciliary body. There was some loss of vitreous. The eye was flooded with a solution of sublimate. The incision was sutured, carefully avoiding the uveal tunic. An antiseptic bandage was applied, and everything went well. In a month, the patient was discharged with normal vision.

Another patient, aged 53, was struck by a piece of steel, cutting through the cornea, sclerotic and lens, the iris prolapsing. Two days had elapsed after the injury was received before the eye was treated. The sublimate solution was used as in the other case, and the edges of the sclerotic brought together with sutures. The lens was absorbed, and with plus 10 vision was 1-10.

The report of these cases is of great value to the oculist and general practitioner. The same treatment has been applied by Professor Noyes and others; but every additional report of success in such cases tends to remove the belief that has prevailed, that every eye seriously injured in the ciliary region must be enucleated at once, in order to avoid sympathetic inflammation in the other.

J. A. T.

A BILL FOR THE PREVENTION OF BLINDNESS IN THE STATE OF OHIO.

The following bill became a law in the State of Ohio, having passed both Houses unanimously, March 13, 1894:

Section 1. Be it enacted by the General Assembly of the State of Ohio: That should one or both eyes of an infant

become inflamed or swollen or show any unnatural discharge at any time within ten (10) days after its birth, it shall be the duty of the midwife, nurse or relative having charge of such infant to report in writing within six (6) hours to the physician in attendance upon the family, or in the absence of an attending physician, to the health officer of the city, village or township in which the infant is living at the time, or in case there is no such officer, to some practitioner of medicine legally qualified to practice in the State of Ohio, the fact that such inflammation, swelling or unnatural discharge exists.

Section 2. Any failure to comply with the provisions of this act shall be punished by a fine not less than ten dollars (\$10.00), nor more than one hundred dollars (\$100.00), or imprisonment for not less than thirty (30) days, nor more than six (6) months, or both fine and imprisonment.

Section 3. This act shall take effect and be in force from and after its passage.

PROGRESS IN OPHTHALMOLOGY.

Dr. Ayres, of Cincinnati, has recently, in the *Medical News*, called attention to the treatment of marginal blepharitis with peroxide of hydrogen.

After first correcting unhygienic conditions at home, and errors of refraction, if they exist, he softens the crusts on the edges of the lids with warm water and scrapes them off. A little absorbent cotton is then wound around a Japanese toothpick, dipped into the solution of peroxide, which has been poured into a little dish, and applied to the entire length of the lid margin. The application is continued until the characteristic bubbling ceases. The ulcers will then present a whitish appearance, as if they had been treated with silver nitrate. This treatment should be repeated every day. The doctor reports the happiest results from this method.

J. A. T.

Miscellany.

AMERICAN DERMATOLOGICAL ASSOCIATION.

Programme of the eighteenth annual meeting, to be held at the Arlington Hotel, Washington, D. C., May 29, 30, 31 and June 1, 1894.

First day—Business meeting (with closed doors) at 9.30 A. M.; report of council; nomination of officers for the ensuing year; appointment of auditing committee; proposals for active and honorary membership; miscellaneous business.

Morning session, 10.30 A. M.—1. Address by the president, Dr. R. B. Morrison. 2. Thyroid Feeding in Diseases of the Skin, Dr. G. T. Jackson. 3. The Rare Forms of Alopecia, Dr. G. H. Fox. 4. A Case of Favus of the Head and Body, Drs. J. A. Cantrell and E. J. Stout. Adjournment at 1 P. M.

Second day—Business meeting (with closed doors) 9.30 A. M.; report of treasurer and auditing committee; election of officers; election of active and honorary members; selection of time and place of next meeting; miscellaneous business.

Morning session, 10.30 A. M.—5. Report of committee on statistics. 6. The Pathological Anatomy of Pearly Epithelioma of the Face, Dr. J. A. Fordyce. 7. The Question of Contagiousness of Molluscum Cortagiosum, Dr. H. W. Stelwagon. 8. The Therapeutic Value of Urea in the Treatment of Skin Diseases, Dr. C. W. Cutler. 9. Ichthyosis Congenita (so-called Harlequin Foetus). History of a case still living, Dr. S. Sherwell. Adjournment at 1 P. M.

Afternoon session, 3.30 P. M. General session of the congress, (corner Twelfth and F streets, N. W.) The Distribution and Control of Leprosy in North America. 10. First paper, "Distribution," Dr. J. N. Hyde. Discussion, Dr. J. E. Graham. 11. Second paper, "Diagnostic Features and Treatment," Dr. P. A. Morrow. Discussion, Dr. A. Van Harlingen. 12. Third paper, "Contagiousness, Prophylaxis and Control," Dr. J. C. White. Discussion, Drs. G. H. Fox, J. D. Bryant, and General W. C. Wyman. U. S. M. H. Adjournment at 5 P. M.

Third day—13. Angioma Serpiginosum and some other rare dermatoses, Dr. J. C. White. 14. The Protozoa-like bodies of Herpes Zoster; a contribution to the study of Psorospermiosis, Dr. M. B. Hartzell. 15. Cold as an Etiological Factor in Diseases of the Skin, with Report of Cases, Dr. W. T. Corlett. 16. Acquired Idiosyncrasy for Quinine, showing peculiar Cutaneous Manifestations, Dr. C. W. Allen. Adjournment at 1 P. M.

Fourth day—17. Open discussion upon Dermatitis Exfoliativa. (a) Its Clinical Forms. (b) Its Etiology. (c) Its Treatment. 18. Title to be announced, Dr.

E. B. Bronson. 19. The Relation of Impetigo Herpetiformis to Pemphigus Vegetans, Dr. J. Zeisler. 20. Notes on Drug Eruptions, Dr. J. A. Fordyce. Adjournment.

THE BOVININE COMPANY ALL RIGHT.

It has been reported that the Bush Company, "who place bovine on the market," was financially embarrassed. This is a base fabrication.

In the first place, the Bush Company were bought out by the Bovinine Company some time ago, and there is no such company in existence as a Bush Company who place bovine on the market. Bovinine is controlled solely by the Bovinine Company, who to our positive knowledge are in good financial circumstances. Mr. Champney, the manager of the Bovinine Company, is a man of exceptionally estimable character, as all who personally know him will admit, and as there is no product of beef's blood that will produce the marvelous results that this preparation does, it can hardly be thought for a moment that a combination of two such elements as an able manager and a worthy product would insure anything than that it does, viz., the greatest success both financially and clinically.

To any of our readers who have never tried this preparation of beef's blood (bovine) we would recommend that they write at once for a sample bottle, not forgetting to mention this paper as the source of their information on the subject.

Recently this preparation has been used for the healing of old granulations, ulcers, and even fresh wounds which must heal by granulation processes. It is applied with some light antiseptic and most favorable results have been obtained.

IN AID OF CARNEY HOSPITAL.

There will be a benefit concert given in the Boston Theatre May 6 in aid of Carney Hospital, South Boston, Mass. The hospital has been over-taxed this winter, and there is much need of funds to carry on the good work in that institution.

The Times and Register.

VOL. XXVII. No. 19.

PHILADELPHIA, MAY 12, 1894.

WHOLE No. 818.

Original.

A CASE OF TUBAL PREGNANCY.*

BY RUFUS R. HALL, M. D., CINCINNATI, O.

Mrs. H., age 25 years, mother of one child three and one-half years old, for the past two years has suffered more or less constantly from some uterine difficulty. During the same period her menstruation was profuse, lasting six to seven days, while formerly it lasted from three to four days. For a year or more the menstrual period came irregularly as to time, usually coming three to five days too soon, and occasionally deferred that many days. She has been annoyed from a vaginal discharge for two years or more, but has never given it much serious thought or attention.

November 17 to 24 she menstruated profusely as usual. December 17 she had a slight discharge of menstrual blood for an hour or so, accompanied with some pain. For the entire week, every day, she had just a show. This she could not understand, and felt uneasy regarding her welfare. She suffered no pain until January 2. While arising she was seized with severe pain, lasting for one hour. This pain was located in the left ovarian region and extended over the abdomen, also down her leg on that side. After the pain subsided she dressed herself and looked after her household duties until the morning of January 4. While arising she had a recurrence of the pain, but still more severe. That paroxysm lasted one and one-half hours. It was accompanied by a bloody discharge from the vagina for four or five days. Dr. C. B. VanZant was called and saw her daily for three or four days. She then had a few days of comparative comfort, followed by a

recurrence of pain. He then suspected ectopic pregnancy.

On January 17 I saw the case in consultation with him. At that time there could be distinctly outlined to the left of the uterus a small mass about two inches in diameter, moderately sensitive to pressure. The uterus was slightly enlarged, the cervix soft. The symptoms at this time were so suggestive of ectopic pregnancy that an operation was thoroughly discussed and the husband apprised of the serious condition of his wife. At the second consultation, the following day, the patient was so much better that we did not suggest an operation; at the same time we did not discard from our own minds the probability of a tubal pregnancy. The patient improved rapidly and by February 4 she was able to be up and superintend her household duties every day until the 11th, when she was seized with what she described as labor pains, and says she passed an after-birth. She describes it as being one-half inch thick, one and one-half inches wide and about two and one-half inches long. She lost some blood for two or three days, but feeling that she was relieved of her trouble did not send for her physician until she was again seized with severe pain in the left ovarian region. On February 19 this pain was still more severe than either of the former attacks, but lasted only one-half hour, leaving the abdomen sore and tender.

A few days after I again saw her in consultation with Dr. Van Zant. She was sent to the Presbyterian Hospital for operation. It was performed Tuesday, February 27, and these specimens removed.

This is one of the most perfect specimens of tubal pregnancy that it has ever been my fortune to see. When it was removed the specimen was about

*Read at a meeting of the Obstetrical Society of Cincinnati, March 29, 1894.

two inches long, one and one-half inches in diameter, and somewhat the shape of a lemon. The ovary, you will observe, is attached to the side of the specimen, yet separate and distinct from the tube. The uterine end of the tube, as you will observe, is fully one-half inch in length and about normal in size, where it disappears to be distended to form the sac. It again appears at the fimbriated extremity as a perfectly normal tube. Rupture had taken place some time before the operation, and the blood was emptied into the abdomen. Evidently the fetus had died about the time of the first paroxysm of pain. We base our opinion upon the fact that the fetus is about the size of three or four weeks gestation, and if we grant that she had a normal menstrual period in November, and the first paroxysm of pain caused the death of the fetus, it would correspond with these facts. As you see I have cut the specimen open, and the membranes and blood clot in it show distinctly. Inside them is a small cavity not larger than a thimble, which contained fluid at the time it was cut open. In this you see the small fetus attached to the specimen by the umbilical cord. When it was removed the specimen was much more perfect than it is now. The case is interesting, not only as illustrating the difficulties attending correct diagnosis in the early weeks of ectopic pregnancy in some cases, but on account of the specimen exhibited. The patient made an easy recovery.

A CASE OF ABDOMINAL HYSTERECTOMY IN WHICH THE URETER WAS RESECTED AND IMPLANTED INTO THE BLADDER.

BY CHARLES B. PENROSE, M. D.
PHILADELPHIA, PA.

I report this case because the immediate implantation into the bladder of a ureter, which has been divided during a celiotomy, is a rare proceeding.

The patient was a white woman, forty years old, who had a scirrhus cancer of the cervix uteri. The growth extended as high as the internal os, and infiltrated the left broad ligament, in a dense hard mass, to a distance of about one inch from the cervix. There was no involvement of the vagina. There were

no symptoms of obstruction of the ureter.

Celiotomy was performed at the Gynecean Hospital in July, 1893. It was found that the left ureter passed directly through the hard mass in the left broad ligament; and in order to remove completely all diseased tissue it was necessary to excise about one inch of the ureter—the portion involved in the broad ligament.

After the uterus had been cut away at the vaginal junction the distal end of the ureter was ligated with silk; the vagina was closed; the peritoneum was sutured over the seat of operation as much as possible; and the proximal portion of the ureter was then implanted into the body of the bladder. The operation was similar to, and was derived from, that used by Dr. Van Hook for uniting a ureter after complete transverse division, by lateral implantation of the proximal into the distal portion ("Journ. Amer. Med. Assoc.," March 4, 1893). An incision was made antero-posteriorly in the body of the bladder somewhat less than one-half inch in length. A needle armed with fine silk passed through the bladder wall from without in, at a point about one-third inch from the edge of the incision on the right, and brought out through the incision. It was then passed through the right wall of the ureter close to the extremity, carried back through the incision in the bladder and passed through the bladder wall from within out, close to its point of entrance. A similar suture was passed on the left side of the incision in the bladder, and through the left side of the wall of the divided ureter. Traction on these sutures dragged the ureter into the bladder, and, when tied, they held it in this position.

The loose peritoneum, which formed a partial investment to the ureter, was drawn down and sutured to the peritoneum of the bladder by a continuous silk suture around the line of union of ureter with bladder. The abdomen was closed without drain. A soft rubber catheter was introduced through the urethra and was retained for three days. The patient made an unusually easy recovery.

There were no symptoms of bladder or renal disturbance. The quantity of urine passed was as follows: 10 ounces in the first twenty-four hours; 26 ounces in the second twenty-four hours; 22

ounces in the third twenty-four hours; and 38 ounces in the fourth twenty-four hours.

She left the hospital twenty days after operation. Her physician wrote me in December that she was perfectly well and doing her own housework. He wrote again in February—over six months after the operation—that she was suffering with pain in the right iliac region—perhaps a recurrence of the disease.

She has at no time presented any symptoms whatever of disease of the urinary organs.

Our text books on surgery advise that, in case the ureter be torn or cut across during the removal of an abdominal tumor, the renal end must be brought out through an opening made for this purpose in the loin. And in some instances nephrectomy has been performed for the relief of such an accident.

The clinical and experimental researches of Dr. Van Hook, of Chicago (paper read at the forty-fourth annual meeting of the American Medical Association, June, 1893); a recently-reported case of Dr. H. A. Kelly, when a divided ureter was immediately united by lateral implantation of the proximal into the distal portion, and the case just reported go to show that the advice of our surgical text-books should be modified; and that, if the patient is able to endure a slightly prolonged operation, and the anatomical conditions are suitable, it is better immediately to implant the proximal portion of the ureter into the distal portion, or into the bladder.

Society Reports.

CINCINNATI OBSTETRICAL SOCIETY, FEBRUARY 22, 1894. PRESENTA- TION OF SPECIMENS. FIBRO- CYSTIC TUMOR OF THE UTERUS.

Dr. Zinke—This specimen was removed from a patient who presented herself at the German Hospital a week ago last Tuesday, the 13th of this month: Mrs. —, aet. 47, very much emaciated, and this made the presence of an abdominal tumor quite perceptible; mother of one child, born twenty years ago. Never had a miscarriage. Has not felt well since the birth of the child.

The first appearance of the tumor was

noticed some eighteen months ago; having grown steadily until it attained its present large size, filling up, as it did, the whole of the abdominal cavity. The tumor was fluctuant, two inches above the symphysis and absolutely solid below that point. The solid mass of the tumor filled out completely the pelvic cavity so that the os externum could not be reached except by forcing the finger high up between the growth and the symphysis.

The diagnosis was a fibro-cystic tumor, either of the uterus or ovary, or a fibroid tumor of the uterus, complicated by a large ovarian cyst. The patient was very weak, her temperature ran up every afternoon to 101 degrees; pulse, 130, wiry and compressible.

It was evident from her general condition that her days on earth were few if not relieved from this growth. Her physical condition was such that even operative interference promised very little. The family, as well as the patient herself, however, embraced the only opportunity that was left. She was operated upon the 16th of this month. A free incision was made in the median line, probably seven to eight inches. A cyst universally adherent presented itself. The adhesions were very strong, firm and exceedingly difficult of separation. The tumor was punctured with a trocar, with a view of emptying it, and in this way facilitate removal. A large amount of chocolate-colored fluid escaped.

After reducing the tumor in size I found it impossible to separate the adhesions, and most of them had to be ligated and severed by the knife. After the tumor was freed anteriorly, and from the omentum and intestines above, I attempted to get my hand behind the tumor to separate the adhesion there. In this attempt I broke through the cyst, and its contents freely flooded all of the abdominal viscera. After a good deal of hard and persistent work I succeeded in eventrating the growth from the abdominal cavity, but it proved absolutely impossible to liberate the solid portion from the pelvic cavity and was obliged to fix this large and solid mass in the abdominal wound, abandoning the idea of liberating the tumor entirely. A clamp was put around it and the tumor transfixed.

About twenty hypodermic injections of whisky, as well as a transfusion of sterilized salt water solution, had to be made to keep the patient alive long enough to get her off the table. The following morning the temperature was 99 degrees, the pulse 130. She died of exhaustion forty-eight hours after the operation. The fluid removed from the cyst consisted of degenerated fat globules; no streptococci could be discovered. The tumor had its origin in the posterior wall of the uterus.

(Article Continued.)

TOTAL VAGINAL EXTIRPATION OF A
FIVE MONTHS PREGNANT UTE-
RUS FOR CARCINOMA
COLLI.

Mrs. X, age 39, the mother of a large family, the youngest of which was only 4 years of age. The patient was referred to me by Dr. Koehler, of this city, who had made a diagnosis of carcinoma of the cervix. My examination confirmed his view, and we determined to make a vaginal hysterectomy. Was advised and accepted.

There was a strong suspicion that the patient was pregnant, but it was impossible, even on very careful examination, to determine this with absolute certainty. She was a very large and fat woman, with a pendulous stomach, and this greatly interfered with a satisfactory examination.

The operation was performed a week ago last Saturday at the German Hospital. After the separation of the cervix from its attachments, and pulling down the organ, I became painfully aware that pregnancy existed. There was nothing to be gained by hesitating. To proceed and remove the whole of the pregnant uterus was the only solution. After removal of the uterus the organ was incised and a four and a-half months fetus made its escape.

The patient is now, one week after the operation, doing well. (Was discharged cured five weeks later.) Patient did not suffer from shock any more than a woman ordinarily does from a vaginal hysterectomy. It is highly probable that, had I known positively of the existence of pregnancy, I would not have operated upon this woman, and yet, had the operation not been done, I would certainly have placed her life in a great jeopardy, because a fatal result would have been inevitable at the end of term. Notwithstanding I did this operation without being in possession of all the facts of the case, I have done the very best thing that could possibly have been done for the patient. She has not had an untoward symptom at any time.

The other specimen which I would present this evening are the contents of the uterus, removed after I had extirpated the uterus per vaginam. The patient was a woman, aged 39, the mother of a large family, the youngest of which was only 4 years of age. The patient was referred to me by Dr. Koehler, of this city, who had made a diagnosis of epithelioma of the cervix. Upon examination I confirmed his diagnosis, and we determined to make a vaginal hysterectomy. There was some suspicion at the time that this woman was pregnant, but upon digital examination I could not feel the fundus of the uterus. She is a very large, heavy, fat woman, and I expressed it as my opinion that she was not pregnant, although I did not preclude the possibility of it. She had bled constantly, because of the cauliflower excrescences in the cervix.

I operated a week ago last Saturday at

the German Hospital. After I had separated the cervix from its attachments I tried to pull the organ down. I could not feel the end of the uterus, and the organ was quite soft, and I recognized the fact that she was pregnant. Of course there was no use of hesitating any longer, and I had to put on the clamps and remove the whole pregnant uterus. I did not apply any ligatures. After we removed the organ we incised in and remove a four month's fetus from it.

The patient is now virtually well. She did not suffer from shock any more than a woman ordinarily does from an operation of this kind.

Had this woman advanced to full term, we would have been obliged to have made Caesarean section, and the disease by that time would have made such inroads as to preclude the likelihood of a recovery. So, notwithstanding I did this without being in possession of all the facts of the case, I have done the very best thing that could possibly have been done for her. She has not had an untoward symptom at any time.

The first specimen presented itself to me in this way: Had I been politic, or permitted policy to actuate my conduct in the case, I should have preferred to send her home without an operation, but it appeared to me to be an act of cowardice not to make an attempt; for, although the appearances were unfavorable, it seemed to me to be my duty to present the case to her and her friends and leave it to them to refuse or accept.

DISCUSSION OF DR. ZINKE'S SPECIMENS.

Dr. Reed—These are certainly interesting cases, and we ought to appreciate a member of the society who will bring a cheerless case such as this and give us an experience which is certainly very trying. Of course we cannot find any fault with Dr. Zinke for leaving the operation in a state of incompleteness.

The only criticism, and I do not offer this as an adverse one, is that in a case like this we ought to undertake the operation for exploratory purposes and to determine the feasibility of removal. It is an exceedingly fine point in judgment to determine just when to drop exploratory measures and to undertake the radical measures of the completed operation.

I am perfectly well aware that our best intentions and our best judgments in this connection sometimes miscarry; that we sometimes find ourselves confronted by a set of circumstances that render retreat impossible; in other words, having gotten in, there is no place left for the completion of the operation, until, perhaps, we find ourselves in the very midst of the most serious of complications. This woman could not have lived long; she would have died shortly of symptoms resulting from pressure. The temporary haemostasis is certainly effective; yet, considering the intimate relations of the super-imposed viscera,

it is a question whether it were not better to retire earlier in the game, and yet perhaps it is just as well as it is, for the woman would have been miserable all the time and have died soon.

In reference to the second case. The management of pregnancy, in the case of cancer of the cervix, is a subject which has engaged the attention of men the world over, and about which a great deal has been written the last few years. Where diagnosis becomes practicable before operation and where there is a reasonable prospect of the patient going through the period of gestation successfully, so far as the child is concerned, non-interference is the line to be followed. In that line Caesarean section should be the method of delivery. But we must all recognize the fact that diagnosis is extremely difficult; the usual changes in the cervix, the usual changes in coloration and consistency of the cervical tissues is gone, the practice of making successful bimanual manipulation is gone for the mobility of the uterus and the condition of the tissues which have undergone degeneration preclude the successful bimanual manipulation. This leaves but few methods for the detection of pregnancy.

Something over a year ago I made a cervical amputation for the very reason that there was that complete fixation of the uterus and engorgement of the lateral tissues which would make the complete fixation impracticable and essentially worthless. The results were entirely as satisfactory as could be expected. The patient regained her strength and went about her duties. But two months ago I received a startling letter from her physician, who said she had then passed four and a half months of pregnancy and there could be no doubt as to the diagnosis. In that case we have an illustration of what may happen. Either in cases in which we have done the amputation, or in cases in which the disease may go on in an indolent way for considerable time, one of the dangers of delay in operation is incurring pregnancy.

I remember a case reported before our State Society, from the practice of our friend, Dr. Reamy, in which amputation was practiced during pregnancy, whether as a matter of election or for the relief of an otherwise incurable case I do not now pretend to say. In that case the woman lost her life simply for the want of nature to expel the fetus per via naturalis, perhaps for the want of Caesarean section. These cases are constantly coming before us, and it does seem to me we should hold this before the patient as one of the possible dangers of delay. Of course the line of practice, when possible, is to save the child's life. That is considered one of the criterions upon which to shape our practice. I observe that rule, yet I do not think any tears ought to be shed over the loss of fetal life under such circumstances as these, when the mother has been saved to her family and children already born for many months. Of course we should take into account the

question of heredity and the possibility of the fetus being a victim of the disease.

Dr. Bonifield—How thick was the cyst wall?

Dr. Zinke—It was quite thick where you see it, but anteriorly and above, as well as posteriorly, parts occurred a quarter or even an eighth of an inch in thickness, so that at the time we exposed it we believed we were in the presence of an ovarian cyst, and therefore I made an attempt to deliver, and when I had my hand posteriorly it ruptured, and I had to act as I did. Had I recognized the true character of it before, I should have sewed the sac to the abdominal wound and turned out the contents, filled it with iodoform gauze and let it take care of itself. It was an exploratory incision. I promised the people at the time that if I saw I could not remove it conveniently I should not attempt it. I have seen cases with thick walls in which I had no difficulty.

THE LEUCOCYTE'S LAMENT.

The leucocyte was in a gland

With inflammation red,

He grasped a comrade by the hand

And with a sob he said:

"Mid solitary follicles

I wend my weary way.

Deep down in crypts of Lieberkahn

Far, far from light of day.

Ah! thisaching nucleus

Can ne'er be free from pain,

While tissues hide my beauteous bride

I ne'er shall see again.

A rosy-red corpuscle she,

The pride of all the spleen.

Her like in this dark gland, I fear.

Will never more be seen.

A fierce bacillus captured her,

And reft her from my side;

Carbolic oil his plans did foil,

But, ah! it slew my bride.

With pseudopodia feebly bent

And bowed down nucleus, I

Must turn to pus."—And, speaking thus,

He wandered forth to die.

Oh! lightly they'll talk of that leucocyte
true

As they label and mort and degrade
him,

But little he'll reck, when with aniline
blue

They've stained and in Canada laid him.

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A Weekly Journal of Medicine and Surgery.

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PHILADELPHIA, MAY 12, 1894.

THE BILL TO INCREASE POSTAGE RATES ON SECOND-CLASS MATTER.

Do you want to pay a dollar or two more a year for your medical journals and newspapers?

This is practically what is being agitated in Congress at the present time. There are some persons who think publishers are a favored class, and wish to have the rate of postage on journals and newspapers raised from one cent a pound to eight. This rate if established would make a cost to the publisher of a weekly of \$4.16 a pound, where he now pays 52 cents or \$80 per thousand pounds in place of \$10.

It is argued that by increasing these rates first-class postage rates can be reduced to a penny an ounce in place of the two cent rate.

If the increase of rates as proposed are adopted it will increase the subscription price of this journal just double. We have placed the price low because we realized that the American people (and physicians are no exceptions) want to get the news scientific or otherwise for as little as possible.

There is no doubt that if this scale of rates is established it will eliminate a great deal of circular literature now afloat throughout the country, but at the same time it will bring a much higher price for some excellent works—now sold very cheap.

PERMANGATE OF POTASSIUM VERSUS MORPHINE.

Dr. Gregg, of Pittsburg, Pa., in the "Medical News," of May 5, relates his experience with a case of opium poisoning, in which he tried the new antidote, as the case was apparently a hopeless one. At first the usual remedies were administered, after which, as the man was barely alive, two drachms of permanganate of potassium were given, followed at frequent intervals during a couple of hours with hypodermic injections of the same. After the third dose the patient began to rally and continued to improve, although for some time there was disposition to relapse into a comatose state.

Ultimately he fully recovered, but abscesses formed at the site of the hypodermic injections.

Two other cases of milder degree are reported with prompt rallies from the permanganate injections, although no abscesses are reported at puncture sites.

It is certainly worthy to give a trial of the permanganate in cases of profound opium poisoning, and, if we have in this a remedy acting as promptly as stated, there is no doubt that it will save many lives, not to say obviate the exhaustive "walking" treatment, which has for years been held as the all-necessary therapeutic effort.

DISINFECTION BY THE SOLAR RAYS.

Von Esmarch speaks of the difficulty in disinfecting articles, made in whole or part of substances, such as leather, which are damaged by moist heat.

One must at present depend on gases, whose disinfecting power, with the exception, perhaps, of formalin, is uncertain, or one must wash or sprinkle the articles with carbolic or sublimate solutions.

Duclaux, Arloing, Patella, etc., have drawn attention to the bactericidal action of the solar rays in the case of various microbes. Koch has pointed out that tubercle bacilli can only withstand the sun's rays for a short time. Nuttall says that the sun's rays cannot be made of practical medical use as a disinfectant, because their action is confined to the uppermost layers of the substance to be disinfected. Boubnoff, however, showed that the chemical rays of the sun actually penetrated more or less deeply into stuffs.

In the present experiments, pillows, skins, etc., were chosen, and impregnated with microbes out of pure cultivations, or with pus containing microbes; they were then at once, or after an interval, exposed for a certain time to the sun, and sample cultivations in gelatine or agar were taken from them before and after the sun's rays had acted on them.

It was found that by exposure direct in sun's rays without any glass covering contamination by chance germs in the air did not take place sufficiently to spoil the experiments.

From these experiments it appears that the sun's rays have a disinfectant action on the upper layers of the stuffs, but in no case, except with diphtheritic bacilli, did this action seem to be exerted on deeper layers, and in the case of dark objects was quite superficial. The cholera bacilli were certainly soon destroyed in the deeper layers, but this result must be attributed to the drying process; moreover, the diphtheritic bacilli were not quite dried onto the stuff when the experiment began. Considerable heat up to 52 degrees C. did not much increase the disinfecting action of the sun's rays, neither was this action much increased when the sun's rays were allowed to act for more than one day, at least in the case of staphylococcus pyogenes albus, though diphtheritic bacilli were affected. These experiments show that disinfection by the sun's rays cannot take the place of the other means of disinfection at our present disposal. A further experiment showed that a spray of 5 per cent. carbolic solution failed to disinfect skins of rabbits and sheep. The outcome of the whole is, therefore, that a reliable method of disinfecting the articles in question without damaging them has still to be sought for.

DEATH OF THEODORE METCALF.

Dr. Theodore Metcalf, the eminent and veteran druggist of Boston, Mass., died April 26, aged 82 years.

DEATH OF DR. ALBERT DAY.

Albert Day, M. D., M. M. S. S., for many years at the head of the Washingtonian Home for Inebriates, in Boston, died April 26, aged 72 years.

DEATH OF REUBEN A. VANCE.

Dr. Reuben A. Vance, of Cleveland, O., died on March 19, aged 49.

Book Notes.

TREATMENT OF CUTANEOUS EPITHELIOMATA. By G. R. Robinson, M. D., L. R. C. (Edin). Published by the International Journal of Surgery Company. Price, \$1.00.

The study of cancerous growths since the earliest antiquity has seriously engaged the attention of scientific practitioners of the healing art. Their etiology has so far completely baffled all investigation, and therefore, their treatment remains empirical. In a nutshell, it lies between the knife and the caustic. Since the antiseptic epoch, caustics have been largely cast aside; but, time has proven that this was a grave error, and that for superficial cutaneous epithelioma the old-time chemical caustic is at once the safest, simplest and most effectual means for their extirpation.

Sensitive, intelligent people have a horror of surgical operations, and rather than submit to them, hie away to the cancer-quack, who reaps a small fortune through the use of his "healing plasters." Now, this monograph clearly and tersely sets forth the type of epithelioma in which caustics are par excellence the ideal remedies, and gives in detail the composition of the various parts and portions; besides, describes fully the technique of their employment. The value of this production is greatly enhanced, because of the eminence of the author in the domain of dermatology, besides his extensive experience as a teacher, writer and practitioner.

BOOKS AND PAMPHLETS RECEIVED.

THE WORKS OF JUSTINE SIEGEMUNDIN, THE MIDWIFE. By Hunter Robb, M. D., Associate in Gynecology. From The Johns Hopkins Hospital "Bulletin," No. 37, January-February, 1894.

THE LIMITATIONS OF THE USE OF THE PESSARY. By Hunter Robb, M. D. Reprinted from the Maryland "Medical Journal," February 24, 1894.

REPORT OF A CASE OF ANGINA PECTORIS. By Herman D. Marcus, M. D. Reprint from "The American Therapist," April, 1894.

CHLORALAMID IN THE INSOMNIA OF FEVERS. By Herman D. Marcus, M. D. Reprint from "The American Therapist," April, 1893.

TRANSACTIONS OF THE NEW YORK STATE MEDICAL ASSOCIATION, WITH FIRST DECIMAL INDEX, 1893.

ANNUAL REPORT OF THE MANAGERS OF THE SANITARIUM ASSOCIATION OF PHILADELPHIA.

Surgery.

Under the charge of T. H. MANLEY, M. D., 302 W. 53d St., New York.

TREATMENT OF SYNOVITIS, PRODUCED BY RICE BODIES, BY EXTIRPATION.

In a recent brochure, presented by Mulliez, he demonstrates that in those tubercular formations which take the shape of rice-seed in the articulations it is not enough to simply make an incision and express them off, for their secreting nidus, the pulpy neo-membrane, yet remains.

He claims that a free incision should be made; for the reason that by an ample opening, and wide exposure of the joint surfaces, we are enabled to detect and treat any bone lesion which may co-exist with the synovitis. We must radically curette the tuberculous pockets and flush the parts by antiseptic solutions.

This author would strongly advise this course, in all this class of cases. With a young subject it may be so modified that curettage and cauterization only need be employed, but, with the adult, or older, he would insist on the radical course, which, when properly performed, is always effective, and is seldom, or never, followed by relapse.

M. Mulliez very minutely details the technique for operative procedure, which, he alleges, under rigorous antiseptic precautions, is always free from danger to life.

M. Garra has employed this plan in 14 cases; four of which there was invasion of the tendon-sheaths. In 12 he had primary union, and in two, secondary.

From a functional point of view, the results were most satisfactory. Nearly full-joint action was re-established in all cases, and quite useful limbs had been secured; now devoid of pain, and no longer a source of incessant pain on the least motion.

—Revue de Therapeutique, Med. Chirurgicale. Avril, 1894.

PUNCTURE IN EDEMATOUS MEMBERS.

In a large number of cases of cardiac general anasarca, when digitalis, squills and all other diuretics cease to act and the system is refractory to them,

free multiple punctures of the integuments in the lower extremities give marked relief.

M. G. Paul has lately illustrated how, in extremis, the free and timely puncture will relieve. Of course, he says, there is always danger of wound infection, particularly erysipelas or gangrene. To prevent this, he recommends careful isolation of the punctures, asepsis and the free use of vaseline or sterilized lint.

Kopp popularized drainage or the penetration of the dropsical parts, by a canalized stylet, which was left in position for twenty-four hours and changed in situation. The results were very satisfactory, as there was vast diminution of the swelling with no attendant infection of the tissues, but it was painful, so that but few could endure it.

Some time since, Ziurssen advised the introduction of several trochars of small size and dehydration of the bloated parts by this means. A constrictor was placed over the limb, moderately firm above. The trochar had a small rubber tube attachment, so that it was possible to convey the escaping fluid into a basin in the bed between the legs. In one case 27 litres of fluid were drained away by this plan.

No doubt, however, though these latter measures may possess certain advantages, the simple puncture will suffice for ordinary cases.

Gazette Medicale, March, '94.

MASSAGE IN THE TREATMENT OF FRACTURES.

In 1886 M. L. Justin-Championiere devised a new method for the treatment of fracture, based on massage and mobilization; but this method has never received the popularization which its importance deserves.

The majority of practitioners are quite exclusively preoccupied with the fixation of the fragments, without regard to any factors which enter into the problem of treating a fracture; as the nutrition of the muscles, the movement of the tendons and joint action.

It is true, as M. Reclus has written, that mobilization and immobilization are

quite contradictory terms. But it would be well if the average practitioner could understand that in a fracture there is something more than the bone element to treat, and that rigid, firm fixation of the fragments was not only unnecessary, but possibly harmful.

If one must employ in a given case a rigid, immobilizing agent, he should frequently remove it, to be assured that there are no excoriations or sloughs. In all this latter class of cases M. L. Championiere recommends the early institution of massage. This should not be employed haphazard, but be carried out on definite, fixed principles. The articulation and tendons are very carefully put into motion, as soon as the inflammatory swelling has disappeared, and when it may be carried out without the infliction of much pain.

The author sets forth in great detail the conditions in which its action is most beneficial and the cases wherein it is contraindicated.

He advised, however, that in certain cases, which manifest a tendency to a tardy union, protracted splinting is necessary in conjunction with methodical massage.

He maintains that judicious massage in the latter stages of simple fracture will always greatly aid in the perfect restoration of a limb, which otherwise might only recover with ankylosis, wasting neuralgia or partial palsy.

Revue de Chirurgie, April 2, '94.

STATISTICS OF MORTALITY IN OPERATIONS FOR STRANGULATED HERNIA.

Mr. Bolby, of London (*Lancet*, May 20, 1894), stated that the mortality after operations for strangulated hernia from 1883 to 1893 was 40 per cent.; that the mortality in operations for strangulated hernia was much higher than was generally supposed. He quoted from Berry's figures of 1884, to show that in 940 cases consecutively treated in Guy's and St. Bartholomew's Hospitals, mortality was 43 per cent., the death-rate being about equal in each hospital.

Mr. Treves, in the discussion which followed, said that the average mortality after operations for strangulation was about 50 per cent. Bolby summarizes as follows: For femoral hernia, 165 operations, 59 deaths, 35.7; inguinal, 104 operations, 30 deaths, 28.8; umbilical, 24

cases, 14 deaths, 58.8. The mortality ought not, he thought, be more than 5 or 10 per cent.; as but few die from the operation, for nearly all are dying or fatally injured on admission. Peritonitis causes but few deaths; most die from perforation. This he has seen occur as late as the ninth day after operation. Starvation and retching are largely responsible for mortality.

HYSTERECTOMY BY THE CLAMP OPERATION.

Dr. Taylor, of Birmingham, says that for cases in which the more modern methods of treatment are not deemed suitable, and the clamp operation is done, he has found the following modifications to be of service, the essential feature being the inclusion of the parietal peritoneum within the wire of the clamp:

1. The tumor is drawn outside the incision in the usual manner. If necessary, the uterine attachments of the broad ligaments are tied off. Unless this is really necessary it is much better to leave the peritoneal covering of the uterus intact.

2. The transfixion pins, two or three in number, are passed through the peritoneum of the right side of incision, then through the pedicle, and finally through the peritoneum of the left side of incision. The pin does not transfix any part of the incision edge except the peritoneum.

3. The wire clamp is now put on immediately below the pins (and therefore outside the peritoneum). As this is done the opposing edges of the peritoneum immediately above and below the stump are caught together by forceps, and the points of these are included in the loop of wire.

—*Medical Press and Circular*.

EXTRA-UTERINE PREGNANCY.

A. E. Aust Lawrence, M. D., remarks: The whole diagnosis might be summed up in a few words. He should say that when a previously healthy woman missed one or more periods, and was taken with acute abdominal pain and fainting, and those symptoms recurred at short intervals, and the vaginal examination revealed a retro- and peri-uterine hematocoele, either extending or not up into the abdomen, it was imperative to open that abdomen without delay.

—*Lancet*, January 13, 1894.

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

ABORTIVE TREATMENT OF TYPHOID FEVER.

Herrero thinks the infective agents are liable to enter by different ways, and admits autotypyphization. His first plan is to establish disinfection of the

	Gram.
R Castor oil.....	.30
Oil turpentine	8

The mixture provokes abundant evacuation, from three to five times, followed by lowering of temperature to normal. This is followed for two or three days by the use of iodoformized charcoal (Hayem's formula), and by giving at night 15 grains of quinine. In all cases where the treatment was commenced in the first five days of the disease convalescence was established before the 10th day.

—La France Medicale. E. W. B.

ABSCCESS OF THE LIVER CONTAINING NON-STERILE PUS.

Mr. Bertrand, naval physician, presented at the Academy of Medicine a man who had typhoid fever; at Tonquin subsequently he had malignant dysentery, from which he recovered. In April, 1893, he entered the hospital with hepatic abscess of some standing.

The abscess was freely incised, and gave exit to a large quantity of pus. The patient recovered.

The interesting part of the obsuration is this—that in the bacteriological examination of the pus it proved to be non-sterile, or at least that sterility was more apparent than not, and showed again the non-specific origin and microbic nature of suppuratory hepatitis.

TUBERCULAR MENINGITIS IN CHILDREN.

The long duration of the prodroma is insisted on. After reviewing the pathology and etiology Schoull foresees a possible cure in the application of iodoform ointment with the administration of iod. potassa in large doses.

UREMIC SYMPTOMS IN THE COURSE OF CHLOROSIS.

In chlorosis the work of nutrition is disturbed, and products of non-assimilation, incompletely oxidized, collect in the organism and, being excreted by the kidneys, sometimes produce nephritis.

Their bad effects are often facilitated by the coincidence of venal arterial aplasia, pointed out by Lancereaux.

Different conditions, as overfeeding, bad alimentary hygiene, hepatic insufficiency, pregnancy, etc., increase the difficulty and provoke uremia. In this observation, like those related by Dieulafoy, the nephritis of chlorosis, by auto-intoxication, does not lead to the major symptoms of Bright's disease, and yields rapidly to the milk diet. Hayem said, in the discussion of this subject, that albumenuria is quite rare in chlorosis, and thought the above facts possibly a coincidence, and that this special form of Bright's disease might be oftener met with in dyspeptics than in chlorosis.

Harot disputed his conclusions, and maintained his assertions as facts.

—La France Med.
E. W. B.

CATS AND DIPHTHERIA.

It is well known that cats easily contract diphtheria, and their presence as household pets makes them dangerous during the prevalence of the disease.

The Hygienic Society of London reports two new cases:

A cat was in contact with a child which died of diphtheria. It fell sick, and was cared for by four other children. Two of these were attacked, and investigation proved that the cat had carried the contagion.

In a second case five children had the disease and played with three cats, which successively died. The autopsy showed that they had diphtheria. The moral is obvious.

—La Rev. Medicale.

GLOSSITIS OF UNCERTAIN ORIGIN.

The affection was probably syphilitic, although there were no other signs of the disease. The lesions were remarkable in being accompanied with enor-

ious tumefaction of the tongue, due to deep induration with commencing ulceration. Great improvement ensued after an antisyphilitic treatment.

RARITY OF VENEREAL DISEASES AMONG THE WORKING CLASSES OF PARIS.

The following statistics show for the second half of 1891, out of 1047 workmen examined before employment by a railway company only one was found diseased, he having chancre and bubo.

In the two halves of 1892 Fiaux examined 1756 candidates. He found five cases of gonorrhea and one case of syphilis.

From September, 1888, till December, 1892, he examined 6579 men, and found among them twelve with acute urethritis, two with chancre and bubo, one with syphilis.

La Rev. Med., E. W. B.

CAUSES AND GENERAL TREATMENT OF NERVOUS DISEASES.

All nervous disorders may be ranged in two classes, those with and those without lesions. The lesion is a fact accomplished. By anatomy the physicians demonstrate its nature; from extent and clinically he observes its consequences.

Nervous diseases become incurable because it is beyond human power to recreate at will living tissue to replace dead tissue. But clinical observation shows by the various nervous disorders that the alterations are effected progressively and frequently very slowly, and sometimes the lesion can thus be foreseen, and treated in time to prevent serious symptoms.

For the numerous cases of nervous disorders without lesions the most minute anatomy shows no modification histologically, which permits of the explanation. But where anatomy tells us nothing, biological chemistry speaks; it tells us that all nervous diseases are always preceded, accompanied or followed by an elimination of phosphates often exceeding the average, and always equal to the amount produced and contained by the food. Phosphorus, or rather phosphorized fats, enter largely into the constitution of the integral elements of the nerve cells and the albuminoids of nerve tissues are rich in mineral phosphates.

Clinicians also have shown long since that phosphaturia is a grave symptom

in nervous diseases. We may then believe that nervous affections have for predisposing cause a loss of the phosphorized fatty constituents and phosphates.

Analysis of occasional causes of nervous diseases completely corroborates this conclusion. But of the results of phosphoric medication (which is the rational deduction) are variable; that is due in negative cases to a general lowering of nutrition, which helps on the histological denutrition of the cells and places an obstacle to its reconstitution, in consequence of the alteration in the intra-cellular nutrition.

As one cannot always foretell by its beginnings if a disorder will remain slight and curable, or if it will progress to an incurable state, it is wise to proceed at once to an energetic curative treatment.

The phosphorinate of gold is really the only agent able to give curative results. By the gold, a powerful stimulant of the nervous system and strongly antiseptic, all the virulent elements are destroyed, toxic principles neutralized, the intra-cellular activity and nutrition increased, and at the same time the histologic reconstruction is brought about by the phosphoric acid in the combination.

Independently of the success obtained in disorders without lesion the phosphorinate of gold has proved its therapeutic value by real and lasting cures of impotence, diabetes, sciatica and ataxia when iodine and mercury have failed, and has accomplished this without the help of narcotic agents to relieve the lightning-like pains.

—La France Med. E. W. B.

In her "Collection of Thoughts," the Queen of Roumania writes: "It is better to have a physician for father confessor than a priest. You say to the priest that you detest people, he replies that that is not a Christian feeling. The physician gives you rhubarb and makes you like your fellowmen. You tell the priest that you are tired of life, he says but suicide is a crime! The doctor gives you a stimulant and you find life very supportable."

The employment of ice in the treatment of asthma has been recommended by Sangree of Philadelphia.

La Rev. Med.

Therapeutics.

Under the charge of LOUIS LEWIS, M. R. C. S., Philadelphia.

PHENACETINE AND SALOL IN CYSTITIS AND URETHRITIS.

By J. W. Daniel, Houston, Texas.

For some time past I have been using the following prescription, or a modified form of it, in acute and chronic cystitis and urethritis both in the primary and more advanced stages of the disease:

R—Salol	grs. 3
Phenacetine	gr. 1
Ext. pichi.....	grs. 3
Para balsam.....	grs. 5

The good results which have followed the administration of salol in certain conditions involving the urinary organs have long been recognized by the profession, and hence will need no comment here.

Phenacetine is added for its analgesic and antiphlogistic properties as well as for its well-known antipyretic and antirheumatic effects. In the ordinary stages of cystitis and in gonorrhea during the inflammatory stages of the disease the above combination has a charming effect.

In the administration of salol and phenacetine in gonorrhea we in many instances anticipate one of the most painful complications of the disease gonorrheal rheumatism, and by administering these well-known antirheumatic remedies in advance of its possible outbreak avoid this very painful and many times obstinate condition. In pichi we have a never failing remedy for cystitis both in the acute and chronic form.

It acts equally well in the primary and more advanced stages of gonorrhea in doses of one-half to one drachm of the fluid extract every three hours, or in the combination above suggested. Should you elect to give the fluid extract, then I would suggest that it be evaporated to the consistency of honey and administered in capsules on account of its extremely nauseous taste. I have treated many cases of gonorrhea with the pichi alone with uniformly good results. A case I recall on account of its very painful nature came to me recently during the acute stage of the disease, this condition rendered more painful by the use of irritating injections suggested by friends of the patient—some of those wonderful three-day cures which are so efficient until they have been used. The penis was very much swollen, the meatus everted and highly inflamed, with great tenderness along the entire urinary passage. Micturition was difficult and painful, his water passing drop by drop. There was considerable fever, and he was nervous and restless.

I directed flannels wrung out of hot water to be applied to the parts con-

stantly, frequently changing so as to insure a uniform degree of heat. I administered fld. ext. pichi in drachm doses every three hours and gave one-third grain morphia subcutaneously.

This quieted the restlessness and relieved the pain, securing several hours sleep. In twenty-four hours the inflammatory conditions had so far subsided as to allow the patient to pass his water in a moderately full stream with but very little pain; the fever abated and he had a good night's rest. Two days after—that is the third day from the administration of the pichi—the discharge, which had been profuse and streaked with blood, became thin and watery and on the sixth day ceased entirely. After the eighth day the medicine was discontinued and there was no further trouble. No other drug was given in the case. Injections were not resorted to at all.

Para balsam is an old remedy antedating history so to speak. That it is a good one in diseases complicating the urinary apparatus is proven by the tenacity with which the profession has stuck to it; but for its disagreeable effects on the stomach it would stand par excellence the remedy for specific urethritis. In this combination salol seems to modify these effects on the stomach, or else the doses are so small that the patient does not notice them.

When, however, I find my patient complaining of tasting the balsam from eructation, following the administration of the drug, I add a drop of the oil of cinnamon to the prescription, which completely masks the balsam.

ON THE ANTISEPTIC PROPERTIES OF POLYMELISED FORMIC ALDEHYDE.

AND

ITS INTERNAL EMPLOYMENT.

At a recent meeting of the Society of Internal Medicine in Berlin, Dr. Aronson drew attention to the many new investigations on formic aldehyde, which corroborated the results obtained by himself and other authors. The interest of this substance consists in (1) Its extraordinary activity in gaseous form, which was first described by Segall and Buchner, and (2) Its chemical constitution as one of the simplest compounds of the fatty series, whilst most modern antiseptics belong to the aromatic series.

The polymerised form of formic aldehyde is derived from the combination of several molecules of the simple substance, and is generally spoken of as para-formic aldehyde, its constitution not being accurately known. It is a white, indistinctly crystalline mass almost insoluble in

water, which sublimates below 100 degrees, and melts at 171 degrees C.

The utility of para-formic aldehyde as an internal medicament has been tried by Aronson, and comparison with iodoform, aristol, tribromophenol bismuth salt, salol, naphthalene, and B-naphthol show that it excels all the difficulty soluble antiseptics hitherto known. For these experiments plate cultures were first made, in which 0.5 grains of the respective antiseptics was mixed with 10 c.c. liquefied gelatine or agar, and then inoculated with bacteria. Only B-naphthol and para-formic aldehyde proved active.

The small quantities were then determined which are required to prevent the limit was found to be 1 in 3000, for growth of bacteria (*typhus bacilli*) after addition to broth. For B-Naphthol the para-formic aldehyde 1 in 50,000; when the broth is inoculated with larger quantities of bacteria, the limit for the latter is about 1 in 10,000. Para-formic aldehyde and B-naphthol have about an equal effect after two hours' action upon well-developed broth cultures, but after three hours the superiority of para-formic aldehyde is already apparent.

This enormous antiseptic property of para-formic aldehyde primarily depends, according to Aronson, upon the evolution of formic aldehyde vapours.

Physiological experiments showed the complete innocuousness of the substance towards higher animals. Dogs bore the internal administration of 45 to 60 grains without bad effects; even the largest doses were not fatal. In its action of formic aldehyde vapors.

exhibits a certain similarity to calomel; larger doses increase peristaltic action, and induce diarrhea. The normal intestinal decomposition, which Aronson insists is as necessary as the pepsin and trypsin action to the digestion, is not stayed by the drug; the feces of mice, which had eaten enormous quantities of para-formic aldehyde (in cakes) still contained numerous bacteria; and an experiment on himself, in which Aronson took 75 grains para-formic aldehyde pro die without bad effects, showed that the elimination of sulphuric acid is not considerably diminished.

By the internal administration of para-formic aldehyde it is thus possible to easily administer large quantities of an antiseptic which is gradually converted into formic aldehyde in the intestinal canal. Aronson further remarks upon a peculiarity of formic aldehyde that it not only destroys bacteria very quickly, but also renders the poisons produced by them inert. A diphtheric broth sterilized by filtration was administered to a guinea-pig with fatal effect, but one hundred times the dose to which formic aldehyde (1 to 500) had been added was partaken of by another animal without bad effects.

Finally Aronson observed that he had employed the para-formic aldehyde in 20 cases of infantile diarrhea in its early stages, 0.8 to 15 grains being given every two hours with great success; he

also recommends it for clinical trial on adults, especially in the early stages of typhus and cholera.

—Dr. Hans Aronson, London Therapist.

EXPERIMENTAL RESEARCH ON TRIKRESOL.

The so-called "crude 100 per cent." carbolic acid is known to consist chiefly of cresols, which are, however, little soluble in water, owing to impurities of the nature of hydrocarbons, such as naphthalene, and also pyridine bases. If these be removed a clear liquid of a pleasant odor results. This liquid, called "trikresol," is a mixture of ortho-cresol, meta-cresol, and para-cresol. It is soluble in water to the extent of from 2.2 to 2.55 per cent., its specific gravity at 20 degrees C. (68 degrees F.) varies between 1042 and 1049, and its boiling point lies between 185 degrees and 205 degrees C. (365 degrees—401 degrees F.). With the assistance of Dr. John Morton, of Glasgow, I commenced on February 1 an experimental research as to its physiological action on guinea-pigs. As we were unaware of its exact physiological action we began our experiments tentatively by injecting 1 minim into a full-grown guinea-pig. This caused no disturbance, and on subsequent occasions injections of 2 minims and 3 minims were found to be harmless. We now resolved to try 6 minims mixed with 25 minims of water, and to compare its action with pure phenol dissolved in the same quantity of water. The guinea-pigs selected for the experiments were full-sized and of equal weight. We give the results.

1. Trikresol injection.—This injection caused in seven minutes a backward movement, which was shortly followed by convulsions of the hind legs; afterwards the whole body was affected. They were not, however, severe, and in forty minutes they ceased, leaving the guinea-pig a little dull, yet when touched it moved readily.

2 Pure phenol injection.—This injection also caused convulsions, which commenced in the same manner, and extended over the body. They were, however, somewhat more pronounced in comparison with those caused by the trikresol injection; in the course of an hour the guinea-pig recovered.

Neither of the injections was followed by an open sore, but a little hardness in the course of three days was detected at the sites of the punctures in the cellular tissues of the abdomen.

3 Toxic dose of Trikresol.—We found that a twelve-minim, and ten-minim dose of trikresol caused immediately severe convulsions, which became continuous and involved the whole body. From other experiments we came to the conclusion that a lethal dose of trikresol was from 7 to 8 minims.

Bacteriological experiments.—Experiments on micro-organisms instituted at the same time showed that trikresol is almost, but not quite, three times as powerful a germicide as pure phenol

—(Lancet.)

Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., 665 Lexington Ave., New York.

A BRIEF SYNOPSIS OF THE THERAPEUTICS OF STATIC ELECTRICITY.

BY S. H. MONELL, M. D.

With a view to present the recognized indications for static electricity in a form appropriate for ready reference, the following paper is submitted by the author. The sphere of therapeutic action of static electricity is sufficiently wide to be justly considered remarkable without proclaiming it a cure-all. Its chief field is found in conditions, either acute or chronic, which have to do with nerve action, muscles and joints, pain, functional processes, and nutrition.

It affords the most certain and permanent relief for lumbago, sciatica, rheumatic and muscular pains.

Neuralgias of every kind seem to yield to it more speedily and permanently than to any other form of treatment. In the various types of head pains and in insomnia it is peculiarly efficacious.

No other agent equals static electricity in combating hysterical states and associated conditions. It furnishes our best method of treating functional nervous diseases.

It is an efficient regulator of deranged bodily functions and is not surpassed by any other agent in the successful treatment of that important class of ailments known as functional diseases.

As a general tonic and as a stimulant to depressed nervous functions it is of the utmost service, especially in neurasthenia and in old cachexias. As a means of improving the general nervous tone of patients it is without a rival.

Reflex irritation, peripheral neuroses, etc., yield in most cases to proper applications of this agent. Pruritus of various forms, the itching of eczema, etc., are cases in point.

In all dietetic diseases it acts with decided benefit; it produces remarkable improvement in disturbed visceral functions, nausea, vertigo, dyspepsia, constipation, colic, etc. In chlorosis and anemia and all perversions of nutritive processes it lends ready aid to the restoration of the normal functions.

Diseases of the scalp.—Patients undergoing several months of regular static treatment usually find that their hair

ceases to fall out in combing and that the nutrition of the scalp improves.

Exudations, infiltrations, localized edemas, etc., are quickly resolved and absorbed under skillful static administration.

It usually surpasses all other forms of electricity in dealing with stiffened, contracted, or paralytic muscles, acute or chronic muscular deformities, and muscular spasm. The ease with which it will often conquer an obstinate case is one of the most surprising things in electro-therapeutics. Acute examples of these types not infrequently succumb to one or two sittings of static.

Its tonic action makes it a valuable agent in diseases of the heart, both functional and organic. Where coldness of the extremities or general want of vital warmth exists it possesses a singular power to promote the creation and distribution of animal heat.

In locomotor ataxia it will do more to relieve pain and maintain a degree of comfort than any other agent. Used in conjunction with galvanism, it may arrest the progress of early cases indefinitely.

It has given the most brilliant results in the treatment of hemiplegic, traumatic, and all forms of motor paralysis, and frequently restores complete muscular power after all other measures fail. Paralysis of the sphincters, of the vocal apparatus, or of any part of the body may be treated with better success by static than by other measures.

It admittedly holds the highest place in the treatment of chorea.

In epilepsy it produces excellent results in improving the general condition and in moderating the frequency and the severity of the attacks.

In mental disturbances it should be faithfully tried whenever possible.

Disorders of sensation are more rapidly improved by static electricity than by either galvanic or faradic applications.

In exophthalmic goitre it affords relief to some of the most distressing symptoms.

In gout and rheumatism its efficiency has been reputed great since the early history of frictional machines; even in rheumatoid arthritis it has won praises.

It is a powerful, painless, and effective tonic to the weakened muscles of lateral curvature of the spine; as a "massage" it is unequalled.

In the treatment of chronic inflammation and spasmodic diseases—such as influenza, phthisis, bronchitis, unresolved pneumonia, asthma, laryngitis, neuritis, synovitis, etc.—it gives excellent and often brilliant results.

In dermatoses, especially those dependent for their origin upon neurotic or nutritional disturbances, it is either an all-sufficient remedy or a valuable adjunct to medicinal measures.

In gynecology the static machine furnishes most valuable auxiliary aid to galvanism, and single-handed will conquer a large percentage of woman's functional troubles.

In convalescence from acute disease, debilitating fevers, and in all the tedious, irksome conditions of a slow recovery from an exhausting illness, the tonic and vitalizing action of static electricity excels any other agent in the author's experience.

It is an invaluable tonic for the general infirmities of old age. Its constitutional effects increase the sum of vitality and it will do much to relieve the distressing symptoms which render declining years a burden and a care.

No other electrical application may be made so gratifying to the patient; no other method of treatment elicits such frequent expressions of satisfaction; no remedy may be more swift and permanent in action; none may be more easily applied in many cases.

This list does not exhaust its powers of usefulness, but will point the way to its application in various obscure conditions where diagnosis is difficult and where past treatment has yielded poor results. In these anomalous cases great aid may not infrequently be obtained from skillfully directed static electricity. Nearly every possible application of faradism can be duplicated with "static," and the full limit of its many-sided capabilities probably lies far beyond our present knowledge and experience. That it can promptly remove all pain and soreness from a superficial burn I recently demonstrated to the satisfaction of a careless assistant, who had come in too close contact with a gas heater in my office. Its control over nerve and muscle functions borders upon the phenomenal. Considered from every

standpoint, a successfully operated and powerful static machine is, without doubt, the most surprising single therapeutic weapon in the whole arsenal of scientific medicine. Even with its infirmities it is marvelous, and if ever perfected it will be invincible in popular favor.

—44 W. 46th St., N. Y.

ELECTRICAL TREATMENT OF EPIDIDYMITIS.

Scharff, who claims to have employed electricity successfully in different forms during three years in the treatment of scrotal and testicular affections, describes the method which proved most successful. In cases of epididymitis he did not wait until the affection had become chronic, but immediately and during the acute stage applied the anode to the lower part of the scrotum. The patient being in the dorsal position, an electrode of 50 to 60 c. m., and with a maximum current of $\frac{1}{2}$ m. a., is employed, the duration of the application being three minutes on the first occasion; this is afterwards increased to five and ten minutes. The increase being very gradual. The weak constant current thus employed should be carefully gauged with a sufficiently sensitive galvanometer, and the current closed insensibly with the aid of a rheostat. No unpleasant sensations should be thus produced, but the patient will subsequently on palpation be able to observe a considerable diminution or total disappearance of the tenderness which had previously existed, while in the same position a suitable suspender is applied, and the patient then allowed to walk about. Towards the seventh day the current can be increased to 3 m. a., the same electrode, however, being still used for a few days, when it can be somewhat increased in size. The swelling at first reappears to some extent after each application, but usually diminishes gradually in three or four days. The cathode is placed above the groin and on the abdominal wall. By this treatment rest in bed can usually be dispensed with, the other advantages over the older methods being rapid and marked relief of the pain from the first and greater rapidity in the disappearance of the swelling.

—British Med. Journal.

Ophthalmology.

Under the Charge of J. A. TENNEY, M. D., 2 Commonwealth Ave., Boston.

SUBCONJUNCTIVAL INJECTIONS.

B. R. Gepner, Jr., of Warsaw, in the *Centralblatt für praktische Augenheilkunde*, has called attention to the results obtained from subconjunctival injections of corrosive sublimate, in such diseases of the eye as would seem to require the use of a local antiseptic.

The treatment seems to be most effective in necrotic ulcers of the cornea. In one case of hypopyon, the anterior chamber being one-third full of pus, and ordinary treatment having been tried for three weeks, without effect, injections of sublimate were resorted to, when the pus entirely disappeared in four days, and the ulcer was nearly healed in a week.

He describes a number of cases where the cornea was wounded and a foreign body was lodged in the iris. The cornea became hazy, and the edges of the wound were infiltrated. The foreign body was removed, injections were made, and the eye went on rapidly to recovery.

One case of scleritis, involving one-third of the circumference of the cornea, was cured after eight injections, there being no relapse in eight months afterward.

Iritis, specific or otherwise, appeared to be greatly benefited by this treatment. After resisting all other measures, when injections were used, the iris began to dilate under atropine, when the drug had previously failed to act.

One would naturally expect to get good results from this method in interstitial keratitis of specific origin; but in nine cases only one seemed to be benefited, with prolonged treatment.

In order to ascertain whether it was not the injection of fluid that brought about these results, Gepner injected other solutions; but in no case did he get the results obtained by the use of sublimate.

An ordinary hypodermic syringe may be used. Gepner injected one-twentieth of a milligramme (0.00005 g.) at one sitting, the puncture being made one

centimetre from the margin of the cornea, the eye being under the influence of cocaine. Gentle friction is made, after the injection, over the closed lids, to facilitate the absorption of the liquid. Severe pain usually follows the operation. The eye is greatly reddened, and the conjunctiva swollen; but in three or four days, another injection can be made.

The operation appears to be perfectly safe, and worthy of a trial in cases that have resisted all ordinary methods of treatment. Besides being of service in the diseases that have been mentioned, the treatment seems to work well in retinitis pigmentosa, in myopia with choroidal changes, and in long-standing choroiditis. The best results are seen in purulent affections of the cornea and in iritis.

J. A. T.

CATARACT.

It is well known that cortical cataracts usually ripen slowly. In such cases, in the incipient stage, when the pupil is viewed with an ophthalmoscope, with the pus 5 D. turned on, radiating lines are seen running from the centre to the circumference, in the form of a star; hence it is often called stellar cataract.

When the crystalline lens is perfectly opaque the cataract is ripe. The best test for this condition is to view the eye by oblique illumination, through a strong convex lens. If the cataract is ripe, the iris will not cast a shadow. If it does cast a shadow, in the form of a crescent, the eye is not ready for operation.

The stellar appearance of the lens is often deceptive after the patient is 70 years old. The writer has seen several cases where the striae on the lens were well marked, but in each case the cataract was found by operation to be perfectly ripe, and an excellent recovery was made, without secondary cataract. The patients were more than 80 years old.

J. A. T.

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WHOLE No. 819.

Original.

OPERATION FOR ANCIENT DISLOCATION OF ELBOW AND BRIDGE OF CALLUS BETWEEN RADIUS AND ULNA.*

BY JOHN B. ROBERTS, M.D.

The patient had an old dislocation of the elbow, which occurred two years ago, and was the result of a fall from a carriage, which was overturned. The injury was evidently a backward dislocation of both bones of the forearm, with compound fracture of the radius at the junction of the upper and middle third. The injury occurred two years before the patient, who is exhibited, came under my care at the Woman's Hospital. She at that time had the right arm rigidly extended with no motion at the elbow; suffered with pain and numbness in the fingers at the ulna side of the hand, due to pressure on the ulna nerve, and had a suppurating sinus at the point of depression, shown in this cast made of the arm before operation.

It seemed to me that it was proper to attempt to treat the old dislocation, although of two years' standing, by making a resection in order to get the arm in a flexed position. I cut down upon the olecranon, and found that the head of the radius and the olecranon were soldered by callus, to the humerus, in the abnormal position. The ulna nerve was displaced and in a condition of tension. I was compelled to chisel loose the radius and ulna and cut off the triceps tendon in order to put the bones at the elbow in the position of flexion, which would be so much more useful and convenient, even if the elbow were immovable. In order to unite the triceps tendon to the ulna after flexing the joint, I was obliged to lengthen it

by cutting a V-shaped flap out of the tendon. This I did with its apex upward, and then turned the flap over with its point downward, and sutured it to the stump which had been left attached to the olecranon. I used silk sutures. I lessened the tension on the ulna nerve by replacing it; in the course of a few days the numbness of the fingers disappeared.

In order to cover in the gape in the skin, I made a large plastic operation by dissecting a flap from the forearm. Her arm was now flexed at a right angle, and in the course of, perhaps, two months, I got a considerable degree of motion. The radius and ulna were still united at the seat of the sinus by a bridge of callus, which prevented pronation and supination. I therefore determined to cut down and chisel out of the bridge of bone and see if I could establish pronation and supination. Upon cutting down I found a sequestrum due to necrosis of the radius at the point of fracture. I chiseled away a considerable amount of bone and took out the dead portion of the radius. Knowing that the head of the radius would not be likely to rotate, as it had no cartilage upon it, I determined to make an artificial joint in order to get some pronation and supination in addition to the amount of flexion already obtained at the elbow. I excised three-quarters of an inch of the radius, and then encouraged the girl, after I had removed the portion of bone and the wound had partly healed, to make motions of rotation of the hand.

She obtained a certain amount of passive supination and pronation, and the fingers became more flexible. During our endeavors at making passive extension and flexion of the elbow, fracture of the ulna took place, some weeks later, in the upper third of the shaft. This necessitated putting her arm in a

*Read before the Surgical Section of the College of Physicians of Philadelphia, Meeting of March 9, 1894.

splint and prevented our continuing with the massage and other motions to get motion at the elbow and wrist. As the elbow would probably become stiff, I, in order to get the hand more toward the face, allowed the fragments to unite with a little angularity. You see now a bend or angular deformity at the seat of fracture, which enables her to bring the hand nearer the mouth than otherwise would have been possible. The wound has not entirely healed. She lost nearly all the flexion and extension she had from the first operation during immobilization of the joint for repair of the fracture of the ulna. She has a little motion at the elbow, not enough to be useful; there is practically no supination or pronation of the hand, but the numbness of the fingers is gone, and she can bend her fingers, which were stiff, pretty well. She has, and had, good motion at the wrist. We have not gained a great deal, therefore, except the right-angle position of the elbow, motion of the fingers and freedom from pain and numbness. If fracture had not taken place I think we would have obtained considerable motion at the elbow and have been able to maintain the false joint at the point of radial resection so as to give her some rotation of the hand.

The case is interesting to me because of the lengthening of the tendon of the triceps, the attempt to establish a point of motion in the shaft of the radius, when the head is adherent by ankylosis to the humerus, and the ease with which bridges of callus uniting the radius and ulna can be removed.

GOUT AND THE TEETH.*

BY HENRY BURCHARD, M. D., D. D. S.,
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There are two things which are worthy of the respectful consideration of every physician or surgeon. By far the most common cause of trigeminal neuralgia is some disease of the teeth. This may be the exposure of hyper-sensitive dentine; an irritation or inflammation of the tooth-pulp; any degree or type of pericementitis; and retention of fragments of teeth after attempts at extraction. To these must be added encysted teeth, or those which have such malposition that eruption is deferred or impossible.

There is too much disposition among medical men to view teeth as little more than possible signs of hereditary syphilis, and the cause of gastro-intestinal disturbance in children; beyond this the ma-

jority of physicians do not concern themselves.

Certainly the most eminent men of the medical fraternity recognize what an important part the peripheral irritation, arising from dental diseases, plays in the causation of other and more serious maladies. Everyone is, of course, familiar with the work done by Dr. Miller, of Berlin, in dental bacteriology. There is another subject for consideration to which he calls attention—the number and variety of pathogenic organisms which find an ideal breeding-place in the human mouth. All the pyogenic cocci; those of septicemia, of pneumonia, of actinomycosis, etc.

The more dental disease remains uncorrected, the more flourishing the colonies of these organisms.

Another matter, simple, to be sure, but one in which eminent medical men have frequently erred—the distinction of diseases of the dental pulp and of the tooth's periosteum. The pulp of the tooth is not its tactile portion; it is rather that of special sense, the thermal; for thermal changes are about the only cause of response in the healthy pulp. The tactile function resides in the tooth's periosteum, the pericementum.

Teeth which respond to concussion, or pressure, have the pericementum, not the pulp, affected; in these cases the pericementum will be found dead, decomposing, or absent. Vice versa, those which respond to thermal changes, as a jet of cold water thrown in the cavity, have the pulp affected. In the latter case, sedatives, warm syringings, and stopping are in order; in the former such measures would serve to increase the difficulty through retention of irritating materials; they require antiseptic washings, such as 15-volume solution of peroxide of hydrogen.

After marked pericemental inflammation, abscess usually supervenes. All counter-irritation in these cases should be in the mouth, localized over the gum of the affected tooth. In these cases much damage is done, even to-day, by the use of poultices.

There is a disease of the dental periosteum which has for years attracted much attention. It is known as pyorrhea alveolaris, or better termed phagedenic pericementitis. This disease is the cause of the loss of as many, if not more, teeth than dental caries. As the name implies, it is a progressive destruction of the tooth's periosteum. Erosion of the teeth is another disorder known to dentists.

The purpose of this paper is to point out the association of these disorders with the uric acid diathesis, and their striking likeness to gouty affections.

The uric acid condition is one arising through faulty metabolism, causing the production and retention in the circulating fluid of an excess of uric acid, followed by the changes of tissue degeneration or those arising from the presence of a constant irritant in any member of the connective-tissue group. This leaves open the all-important question

Abstract of paper Read before the Philadelphia County Medical Society, April 11, 1894.

of the exact origin of the waste product. According to all authors, heredity plays the important part as a predisposing cause. An ingestion of an undue amount of nitrogenous food, or the increased consumption of malt liquors or heavy wines is the exciting cause. Prominent among the attendant disorders is fermentative dyspepsia, a complexus of symptoms known as portal engorgement, cirrhosis of the kidney, and subacute or chronic inflammation, or rather irritation in any of the fibrous structures.

For dental diseases.—Dental erosion is a progressive loss of tooth substance through a process of decalcification, a chemical solution of the lime salts of the teeth, evidently not associated with dental caries and which the therapeutics of caries does not check. Its action is largely confined to those portions of the teeth in contact with the labial and buccal mucous membrane.

Phagedenic pericementitis is a degeneration of the retentive apparatus of the teeth which arises without mechanical violence, specific virus, or the selective action of drugs, and proceeds to its termination with or without the formation of calcic deposits and true pus (although the pus and deposits are usual associates), the process terminating with the loss of the teeth. It is unusual to preface the pathology of a disease by its clinical history, but it will be more clear in this instance. The teeth attacked are dense and hard; the variety which resist the causes of dental caries. Men and women are alike subject to it. As a rule the disease is evident only after the patient has attained an age of 30 or over. Although it does exist in some cases before that age, its occurrence is unusual.

There are two types of this pericementitis, depending upon the portion of membrane first attacked. The more common, and as some erroneously suppose, the only type, begins as a marginal gingivitis. The earliest symptom is a deepening of color and a softening of the gum tissue at the neck of the tooth. The inflammatory appearance increases, and by the time the case receives attention the close attachment of the gum to the tooth at this point is lost. Pockets are thus formed in which are found concretions, and pus is oozing or may be pressed from the pouches. This process continues; there is degeneration of the pericementum; an inflammatory degeneration, or a molecular necrosis; increased deposits of lime salts are found as the denudation of the tooth's root proceeds. The attachment of these teeth lessens particle by particle, thus adding another source of destructive irritation, undue mobility. One by one, they lose their retentive apparatus, the pericementum, and are extruded—cast off as foreign bodies. This ends the process; there is no tendency toward extension to the maxillary periosteum. At the utmost this may be destroyed at the edges of the alveolar process and we have a slight amount of molecular necrosis at that point in consequence. The deposits are usually hard and scaly, strongly ad-

herent. In contra-distinction to the ordinary salivary calculi, they are found beneath the gum, not on it.

The disease either persists or recurs despite all local therapeutics. It is this more than for any other reason that the condition has been ascribed to a constitutional cause. As for the dental erosion we find in teeth of good structure a loss, particle by particle, of the enamel, and after this the dentine. This is in such situations that the ordinary solvent, lactic acid, produced by the action of micro-organisms is in the least amount. This is the essential difference between erosion and caries. The process is usually seen when one of the superior anterior teeth is attacked. Commonly a groove or grooves may be seen, caused by a loss of enamel upon the labial faces of one or more of these teeth. The amount of enamel surface (that containing the greatest amount of inorganic matter) affected is greater than that of the dentine. This is the reverse of the process of dental caries. These spaces of denudation are in such situation, and of such shape, as to exclude any cause except that arising from altered secretion of the mucous glands about the parts. Dr. E. C. Kirk, the editor of the *Dental Cosmos*, who has devoted much time to investigations as to this condition, has found an almost constant association of it with the gout.

In most cases a history of heredity and acute outbreaks. If the patient had not yet been the victim of gouty disturbance he or she did become so sooner or later. This is for disease with an incipient expression in mucous structures.

Cases are recorded of teeth in which the tissues about the necks of the teeth are intact; and yet, disassociated from any of the usual causes of pericementitis, we see evidences of localized inflammation of the pericementum somewhere between the apex of the root and the neck of the tooth. The disease area spreads until there is a destruction of the entire pericementum and the tooth is lost. These cases may show no evidence of the formation of true pus until near the end, when micro-organisms gain entrance through a loss of continuity of the tissues at the neck of the tooth.

Dr. Kirk has in his possession a lateral upon which there is a destruction of the apical half of the pericementum and much of the cementum; the remainder of the membrane was intact. In this necrotic area, and near the apex, was a deposit—a calculus evidently formed in the pericementum, for its attachment was so slight that it was lost. This prevented chemical analysis.

The deposits taken from these teeth have been analyzed. While some give the murexide reaction, certain others, with a clear history of gout, show not the slightest trace, being composed of phosphate of lime.

All local causes having been found insufficient to explain the course and phenomena of this particular disease, a constitutional disorder has been deemed a necessary condition for its existence.

The persistence after removal of local causes assures us in such a position. Search has been made among general diseases for one which would produce a degeneration of articulative tissue with an accompaniment of crystalline deposits. In the practice of medicine but two such diseases are known—rheumatism and gout—including here as close associates of gout, rheumatoid arthritis and lithæmia. The pathology of rheumatism does not explain or agree with that of phagedenic pericementitis. We are thus driven by a process of exclusion to viewing gout as the predisposing cause. The question now is: Will the pathology of gout explain every stage of the dental disease?

Gout is hereditary in a large proportion of cases; not that this or any disease, except in a few rare instances, is inherited, but regarding heredity as an expression of the transmission of a type of tissue. That women, who are not commonly the subjects of gout, are the victims of phagedenic pericementitis, is not an argument against gouty origin; for rheumatoid arthritis is the form assumed by hereditary gout in the female (Da Costa).

In the individual who has such a family history there is a predisposition to the formation and non-elimination of an excess of waste material of nitrogenous origin. It is rational to conceive this process as one of gradual growth; although decided manifestations of the morbid influence of the retention of these waste products do not assert themselves before middle life, the predisposition exists, and the disease process probably extends over a period before becoming recognized, the body at large resisting the morbid influence until the power of combating it is lost at some weak point or points, and the disease asserts itself. Its effects may be so insidious that our means of discrimination are insufficient to discover any aberration from an ordinary healthy standard. Like any other general irritating substance, it may be present in any amount; all other conditions being alike, the effects are in direct ratio of the amount. Results of the action of these pathogenic materials would be most evident in peripheral parts—that is, in situations where there is a scarcity of blood vessels surrounded by fibrous tissue, the least vascular parts being the first to suffer. According to the degree of irritation, we may have any stage of vascular perversion, from a slight increase in the flow of blood to the stasis which precedes necrosis; in the cellular elements, any stage from the stimulation which promotes constructive metamorphosis to the paralysis resulting in conglutination necrosis.

The most important of all questions relating to this matter is the exact mode of production of these waste products. Until it be ascertained whether this is an expression of faulty food metabolism or of an incomplete retrograde tissue metamorphosis, we are in the dark. Again, what part may be performed by the excretory organs and the oxygen-carriers of the

blood? We may suspect the blood corpuscles to have a close relation, as there are splenic changes present. Apropos of this, the thyroid gland and bone-marrow should also be involved; otherwise we have grounds for the formation of further hypotheses as to the physiology of the spleen.

It is by no means clear what influence the liver has in the production of gout. One would infer from a reading of some of Lauder Brunton's works that he suspected that organ to be largely at fault. It is presumed that any body—any crystalline substance—resulting from causes similar to those producing uric oxide would have analogous action. We know that xanthin, or, as it has been called, urous oxide, does form nuclei of cystic calculi.

Inflammations of fibrous structures arising from such source are, perhaps, more common than supposed or conceded. The presence of an irritating product, such as uric acid, even in slightly increased amount, could produce widespread disorders of a not severe type, and render inexplicably obstinate many disease processes usually amenable to treatment.

For purpose of comparison as to the active diseases, general gouty condition, and marked phagedenic pericementitis, Ebstein's theory fits best. It is a nutritive disturbance first, leading to necrosis; and urates are deposited in the necrotic area.

For the minutie of the dental trouble, first, the unusually hard and dense teeth, very commonly the subjects of pulp calcification. Accepting the uric acid diathesis to be a condition long existent, there will be for some period present in the circulatory fluids an excess of the irritating waste product, uric acid. From this there will be structural alterations in peripheral parts. Stimulation of the peripheral cells of the dental pulp is followed by an increased deposit of calcic material, necessarily lessening the amount of organic matter present. The density of the dentine increases; its vital parts decrease. This may continue until scarcely any vestige of vital matter is left within the teeth. They become of the variety which resists dental caries. The cirrhotic process affects the parts about the teeth; the alveolar process increases in density; the thickness and elasticity of the pericementum decreases. In this connection it would be a matter of great interest to note the structure of the teeth in young patients who have a family history of gout.

At a period during or approaching middle life, the gouty condition being present, it will manifest itself in one of two ways, the intensity of the action depending upon the amount of irritating material present and the amount of resistance offered by different tissues. Altered secretion is regarded as a milder form of disorder than tissue change. Function, in the majority of cases, is altered before structure. The presence of waste material will cause, in peripheral glands, irritation during its elimination. There are numerous mucous glands in the labial and gingival mucous

membrane. These may secrete an acid capable of acting as a decalcifying agent upon the lime salts of the teeth; this would explain the phenomena of erosion.

Function is in correspondence with structure; teeth of this type are designed for hard, vigorous usage. From their structure they are exposed to two probable sources of debility; one, that they may become through their lessening vascular supply of the nature of bodies foreign to the structures which support them; the other—it is questionable if, in civilized life, 90 per cent. of persons give their teeth sufficient use in view of this fact; for teeth of this description doing the amount of work their structure demands is out of the question. More than this, gouty patients are frequently gourmands, and indulge in food requiring little mastication.

Disuse and misuse are two prominent sources of debility in any part of the organism. The vital parts of such teeth will, therefore, come to a state of atony through disuse. Their resistive power to morbid agents will be weakened. Disease attacks preferably a weak part; rather, a weak part permits the existence and growth of the causes of disease. According to the evolutionist definition of life it is questionable whether a perfectly healthy part can become the subject of disease. These organs are, therefore, in fit condition for the development of disease process, through their acquired debility.

The teeth and their attachments to the alveoli form articulations; the pericementum is the periosteum of the tooth's root, and the ligament which binds it to the bony walls enclosing it—the type of tissue for which the gouty poison seems to have selective action.

According to Ebstein, the gouty process is essentially necrotic. This is in marked gout, but there must be every stage of vascular disturbance antedating the necrosis. According to the degree of irritation will be the effects. Every medical man has seen gouty attacks, ranging from a slight metatarsophalangeal arthritis to the variety accompanied by excruciating pain, followed by deposits in the joint. So with the teeth, the phagedenic pericementitis may be an inflammatory degeneration or a necrosis of the fibrous—in fact, of all the articulative tissue. The waste matter is now in amount sufficient to produce structural degeneration. An early angiomatous change will be a swelling of the intima; this, in small vessels, will markedly impede, if not check the flow of blood. The tissues are starved, and to the extent of innutrition there will be either inflammatory degeneration or molecular necrosis.

For the deposits, preceding their formation, there is an acid reaction in the necrotic area: the blood having lessened alkalinity, through the presence of an excess of uric acid, a substance insoluble in acids meets the acid tissues and uric acid or urates are deposited. As before mentioned, the tests for uric acid did not always, nor frequently, demonstrate that substance to be present in

the dental deposits. These, as analyzed by Dr. Kirk, are frequently found to be phosphate of lime. It is probable that a small crystal of a urate has acted as an irritating point around which the calculus has formed. The deposits at the necks of teeth, just beneath the free margin of the gum, do not resemble ordinary salivary calculus, or the deposits which are found near the apices of the teeth. Their probable origin has a close connection with the secretion of the mucous glands, which lie just within the border line of the gum. As the disease progresses these encroach more and more into the area of necrosis, or their presence forms the continued irritation which determines the persistence of the disease.

As before stated, there are cases where we have no visible signs of pus. If the disease begins at the gum margin pus is probably always formed; the analogous phenomenon of gout is the tophic abscess. Several pathogenic cocci have been isolated, but there is absolutely no evidence that the disease has such a cause.

For a summing up—There is a dental disease for which local explanations as to cause do not suffice. George B. Wood, Niemeyer, Garrod, Duckworth and Bartholow, among medical men; Marshall, Peirce, Kirk, Jack and others, among dentists, note the association of the disease with gout; in very many cases a clear history of heredity and acute outbreaks. Search has not been thorough in certain instances to determine whether or not obscure gout be present. Other cases show decided evidence of lithemia. After the removal of all visible sources of local irritation the disease of the teeth either persists or recurs after some lessening of the severity of the local symptoms.

Some of the cases recorded by the dentists named are as follows: The teeth of certain individuals, with or without a definite history of gout, become susceptible to periosteal irritation, even an inflammation, and this in the absence of the usual local irritants.

The ingestion of an undue amount of nitrogenous food or heavy wines is followed by one of these attacks of pericementitis. Upon a withdrawal of these substances from the dietary, there is a disappearance of the local inflammation.

There is but one deduction from this: the disorder must be due to faulty metabolism.

We have a local inflammation, due to the formation and retention of what should be waste product; and what more is gout?

There are two elements—one a faulty metabolism; another, the organs of excretion do not functionate properly. As far as we have evidence, the latter seems to be the element which determines an attack of gout.

Faulty metabolism might, and no doubt does, cause the formation of incomplete oxidation products, and these excite disorders of a mild type in many, very many persons; but it is only when the organs of elimination have reached

and passed the limit of their function that weak parts give way, and an explosive attack of gout results.

There is no reason why any member of the same group of substances might not play the irritant role; xanthin or urous oxides, uric acid or uric oxides, in excess they are both irritants. Pathological chemistry certainly gives but meagre account of the origin of both substances.

In about 75 per cent. of cases of true phagedenic pericementitis, dentists give an unfavorable prognosis, and despite all local measures of the therapeutics results justify such an opinion.

This fits Ebstein's theory of gout, the process essentially necrotic. In any disease a prognosis is favorable to the extent to which cause may be removed and effects remedied. Both these objects are difficult or impossible of attainment thus far in the dental disease.

As for the question of therapeutics. A condition in which there is altered secretion, necrosis of certain connective tissues, with a consequent undue mobility of the teeth, the presence of necrotic material, and more or less of foreign bodies; added to these, the continuance of a predisposing cause which is also acting as an excitant. The indications are, of course, the removal of all the causes; a cure cannot be effected while any of them persists. All dead and foreign materials are to be removed. All bacteria to be destroyed, and their further action made difficult or harmless. Faults of occlusion are to be remedied; loose teeth so fixed by splints that rest of the loose organs is assured. Local vascular disturbance is to be controlled. This is as far as local measures can be carried, and the daily experience of dentists demonstrates it to be insufficient.

General treatment involves the correction of the secretion of glands of the parts about the teeth. This evidently can only be accomplished by a removal of the causes which give rise to the formation of incomplete waste products.

The gastric and intestinal catarrh must be corrected; as the gastric disturbance is of the fermentative type, a lessening of the amount of carbohydrates in the dietary is quite as important as modifying the type of the nitrogenous ingesta.

Many of the cases give evidence of the condition known as portal engorgement. Whether affection of this organ is the primary cause of the faulty metabolism is a question of the utmost importance. The changes in fibrous structures at large, such as in the tissue beneath the bronchial and pulmonary epithelium, in the connective tissue of the kidney, etc., are not within the province of our special therapeutics. Certainly the general indication is the elimination of the retained, irritating waste product. How else does colchicum act? Many symptoms are relieved by producing an increased alkalinity of the fluids of the body. In some situations concretions are removed through the solvent action of lithium salts, but it is out of the question to hope for

such a result with dental deposits. The tartrate of potassium and sodium is one of the agents used for the double purpose of producing alkalinity of the circulating fluids, and as an eliminant through the *prima via*. This fact has suggested to Dr. Edward C. Kirk the advantages of replacing one of the bases of this tartrate by lithium; a lithium Rochelle salt is the result. The virtues possessed by this compound over the usual lithium salts and the official Rochelle salts is evident. While it performs the office of the tartrate in bringing about an increased alkalinity of the blood, there is added the uric acid solvent, lithium. It has a mildly laxative effect. Where it has been tried there has ensued a speedy amelioration of the annoying symptoms of lithæmia due to clogged excretion.

Dr. Bartholow calls attention to the value of manganese salts in the treatment of the gouty condition. This aids first in a correction of the gastric disorder, and secondly, as in the case of permanganate of potassium, increases the oxidizing function. Iron should, therefore, be doubly useful in the anæmia of the gouty diathesis. In this connection is it not possible that certain obscure maladies, relieved through the inhalation of oxygen, may be cases of obscure gout, masked lithæmia?

ABSCESS OF THE SPLEEN.

Nolen, in describing the following case, remarks on the difficulty of its diagnosis, and mentions that the cases recorded in medical literature, which resulted in recovery after operative treatment, only number five. The patient, a woman, 25 years of age, six weeks after confinement, began to feel ill and feverish. Typhoid fever was suspected. Suddenly she had an attack of acute pain in the left side, followed by difficulty in breathing. On examination it was found that a pleuritic effusion had taken place in that spot, and that the spleen was greatly enlarged. There was, however, no tenderness. The diagnosis was now altered to splenitis, perisplenitis, pleuritis, and an operation was decided on. On the outer side of the left rectus a long incision was made, extending from the arch of the ribs straight downward. A cavity was laid open, from which about a litre of pus of a dull brown color and a faintly sweet smell escaped. The peritoneal cavity was not opened. After draining the wound was plugged with iodine gauze. Recovery was uninterrupted, and the pleuritic effusion was entirely absorbed. The entire absence of pain was a remarkable feature of the case. The question whether the patient had really been suffering from typhoid fever or whether the development of the abscess was connected with parturition is impossible to decide. In both cases the proximate cause must be looked for in an infectious embolus.

—Weekblad van het Ned. Tydschrift voor Geneeskunde, March 10.

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PHILADELPHIA, MAY 19, 1894.

TIGHT DRESSING AMONG WOMEN.

As the binder is harmful to the infant, so is the corset to young and growing girls, not to say older women.

We have recently received proof sheets of an article, apropos to this question, by John Ellis, M. D., on "The Great Evil of the Age," portions of which are worthy of repetition here:

"Looking simply at the physical development, health, symmetry of form, beauty, increase and perpetuity of the native American people, it is perfectly safe to say that tight dressing, as it is practiced to-day among the women and girls of our country, is the greatest evil that exists.

"Seventy years ago tight dressing among women was principally confined to the waist and the chest, but to-day it is carried down as low as possible toward the hips. Of late years we have had advertised, by the manufacturers or their agents, corsets for 'contracting and elongating the waist,' and we see the sad results of their use in the deformed women all around us.

"With such illustrations before them, what is more natural than that the young girls should feel that their bodies should be forced into the shape represented in the fashion plates before them, and too many mothers are anxious that their daughters should be dressed in a fashionable style, and they know very well that the natural human form can only be thus distorted by the means of corsets, tight dresses or bandages, applied to their girls while young, so as to forcibly restrain the natural development and growth of the waist, abdomen and hips, mechanically as the Chinese fashionable mother prevents the growth of the feet of her girls.

"In the symmetrical, well-formed woman the hips are much broader in proportion to the breadth of the shoulders than they are in men, but when the development of the waist and abdomen are mechanically prevented from expanding, the muscles which extend from these structures to the bones of the pelvis being thus bound down, they hold in and prevent the full development of the pelvis. In many of our young women the pelvis is not broader in proportion to the shoulders than it is in men. This deformity is far-reaching in its consequences.

"Now, just look at the pelvis or hips and abdomen of our fashionable women as represented in the fashion plates in our periodicals; with the pelvis thus deformed, and the bowels crowded down upon the organs within it, judge for yourself what possible chance is there for an orderly development of the unborn child in that freedom which the Lord intended for it when He created woman? What are the results all around? Unnecessary suffering and danger attend child-bearing in a vast number of cases, and premature births are not infrequent. Only think of the displacements and diseases and functional derangements which so frequently result from tight dressing; all profitable to the doctors, but, alas! entailing suffering upon so many of our women, especially wives and mothers. Nor are the diseases and suffering caused by tight dressing confined to the lower portion of the body.

"Dr. Mary Wood Allen in The Journal of Hygiene and Herald of Health, in an excellent article on 'Round-Shouldered Girls,' says, in regard to the organs within the trunk or chest and abdomen: 'They are packed by the hand of Divine

skill, and to interfere with them is a matter of vital import.' Deformity of the shoulders is common, and a wonderful lessening of the capacity of the lungs for breathing is an inevitable result of this evil habit.

"Dr. Nathan Allen, of Lowell, who made careful investigation into the facts, said in the *Popular Science Monthly* that while in 1850 it was the exception where an American mother could not nurse her children, it was then (1883) in Massachusetts a question whether one-half of them could do so, and it is safe to say that there has been no improvement since the above date. Why this inability to nurse children? First, the waists of the women of our country had never been compressed and elongated to the extent they have been since 1850. The irritation and compression caused by corsets, stays and tight dresses applied to young ladies, sometimes cause indurations of the breasts, which, when these organs begin to secrete nourishment for the child, inflame and abscesses result, which interfere with nursing; and then the compression of stays, corsets, etc., often causes a retraction of the organs through which the child derives its nourishment; which renders it difficult for the child to nurse. Palpitation and other derangements of the heart's action often result from tight dressing. Second, there is often a want of lung capacity to properly renovate and purify the blood, owing to tight dressing, and an inability to digest the food required to sustain the vitality of the body, owing to the compressed state of the stomach and bowels. Third, owing to the want of an adequate base for the due support of the head, shoulders and arms, resulting from the contraction of the waist and abdomen, it is difficult for our women to take the active exercise and to do the active work which are necessary to give the vitality and strength required by a mother of children. 'The workers shall inherit the earth.'"

LET US HAVE LESS OPERATING BUT BETTER TEACHING.

Who holds the best clinic, turns out the greatest number of interesting cases, has the best results?

This is a question often asked when one enters for a short time a great medical centre.

The general impression that the surgeon who has the largest exhibit of interesting cases on operating day is necessarily the most eminent of his craft is a fallacy, as well as that his is necessarily the most valuable clinic.

As a matter of fact, since the epoch of antiseptics, the number of cases to be operated upon has become so greatly enlarged that some clinics are practically overloaded and the labors of the operator are little more than mechanical.

Everyone knows that when the finesse of the operative stage is reached operator and assistants so close in about the patient that all view of the operative field is lost, and hence no information or knowledge is derived at the moment delicate and critical manipulations are begun.

The burden of the operator becomes greatly magnified when he addresses "old rounders," men of experience and fresh amateurs, for with the former he must employ a style unsuited to beginners.

It would be a vast improvement if surgeons would content themselves with the performance of but one capital operation for each clinic. Let him spend the greater share of his time in clearly setting forth the ground on which the operation is undertaken, the principles which govern its performance, its dangers, the probable consequences, etc., in such a manner as will make an indelible impression on the student. At each clinic let him endeavor to provide at least one case that will illustrate a certain class. In this manner his 30 or more clinics of the session will have fairly covered the field of operative surgery, for those who at least will commence as general practitioners.

An unfortunate impression prevails that the most brilliant operator is the best surgeon, and that the A to Z of surgery is to cut and mutilate. The conservative surgeon is he who only aims at aiding and not supplanting nature; who only takes up the scalpel when he has conscientiously exhausted all tentative measures.

Let the operator then cut less, but speak, describe, explain and impress more deeply the cardinal principles which underlie all surgical operations.

"THE MEDICAL BUCCANEER."

The latest development of the profession in the United States is the "buccaneer" physician. An American contemporary says it is of no use to talk about medical reform and elevating the profession, whilst the "buccaneer" is allowed full liberty to carry out his system of medical practice. "He plays his part in manifold ways. He often roams in high places, and may even wear a professor's gown. He looms up at medical conventions, and, indeed, may be an author of no mean position. He is always clamoring for reform; he wants to reform the code, let down the bars and clear the way, so that his pilfering career may be unhampered. His neighbor stands in mortal terror of him, because he well knows that should he be required to call him in consultation the new arrival would quickly oust him and coolly take possession himself. He performs impossible operations, and always cures every case, and the unsuspecting, simple-minded, honest plodder, as he reads his statistics, is quite overcome with amazement and admiration. He has a sneaking way of advertising. To get into the regular column of the quacks would be to mix with the common herd; moreover, it is highly expensive; therefore, he has himself interviewed, or one of his helpers will see to it that while the great man speaks, full stenographic notes are taken, and the thing, highly colored, will be spread broadcast in the early morning press." The genus is not altogether unknown in this country, but they are happily few in number and their field of work is extremely limited.

—Medical Press, April 28, 1894.

MASONIC HOSPITAL.

A Masonic Hospital Association has established a private hospital in Chicago, with Dr. G. Frank Lydston as medical director and surgeon in charge, and Dr. E. E. Page as superintendent. The headquarters are in the Champlain Building, corner State and Madison streets.

EDITORIAL CHANGE.

Dr. Dillon Brown will edit the Archives of Pediatrics, beginning with the July number.

Book Notes.

DISEASES OF THE WILL. By Th. Ribot. Translated from the Eighth French Edition by Merwin-Marie Snell. Published by the Open Court Publishing Co., Chicago, Ill.

Wherever the fault be, with the subjects of this book, its author or ourselves, we have to confess to no particular benefit gained from personal perusal of the pages making up the volume.

The subjects treated are: 1. Defect of Impulse. 2. Excess of Impulse. 3. Impairment of Voluntary Attention. 4. Realm of Caprices. 5. Extinction of the Will.

The writer, so far as we make out, is so purely agnostic as to view Will as a mode and manner of motion, rather than entity as expressed by Ego. He does not distinguish between instrument and user, and, therefore, is as unsatisfactory as though he should call music impaired or dead because a familiar flute or piano should be found out of tune.

This book may, however, be of use to the medically educated reader by reason of directing thought in direction of large interest and use to the psychologist and physiologist. The study of distinction between Ego and its instruments is one with analysis of the human hypostases, and this work will not unlikely suggest to a reader prepared for such investigation an examination. Converse is not infrequently found good finger boards.

BURDETTE'S HOSPITAL AND CHARITIES ANNUAL. By Henry C. Burdette. London, Eng. Published by the Scientific Press Company.

This is a work containing a review of the position and requirements and the cost of management of the voluntary charities, with an exhaustive record of hospital work for the year. It is a most useful and reliable guide to American, British and Colonial hospitals and asylums, medical schools and colleges, religious and benevolent institutions, dispensaries, nurseries and convalescent institutions.

BOOKS AND PAMPHLETS RECEIVED.
REPORTS OF FRIENDS' ASYLUM FOR THE INSANE, 1894.

THE SPECTACLE TREATMENT OF HYPERMETROPIA. By Boerne Bettman, M. D. Reprinted from the North American Practitioner.

RIPENING OF IMMATURE CATARACTS BY DIRECT TRITURATION. By Boerne Bettman, M. D. Chicago. Reprinted from the Journal of the American Medical Association, November 4, 1893.

SUBVCLUTION—A NEW PTERYGIUM OPERATION. By Boerne Bettman, M.D., Chicago. Reprinted from the Journal of the American Medical Association, March 24, 1894.

Surgery.

Under the charge of T. H. MANLEY, M. D., 302 W. 53d St., New York.

ABSCESS IN THE ANO-RECTAL REGION.

These gatherings, says M. Quene, are always either originally a lymphangitis or adeno-phlegmous, consecutive to a lesion of the anus or rectum.

He bases his classification on histological anatomy, recognizes three principal varieties.

First, from a group of lymphatics in the inferior segment of the anus—the subcutaneous.

Second, from lymphatics in the mesorectum, which is the starting point of that variety so graphically described by Richet and Pozzi as occupying the pelvic-rectal space.

Third, from a chain of absorbents which are lodged in the superior pelvic-rectal space and pursue a most tortuous course before they make their appearance through the perineum in the male or vagina in the female.

—Revue de Therapeutique, Medico-Chirurg, April 3, 1894.

SPLENECTOMY.

Mr. Pearce Gould removed the enlarged spleen of a woman, æt. 36, who had been for some time under the observation of one of his colleagues, Dr. Coupland. The spleen reached two inches below the umbilicus and half way between the left linea semilunaris and the linea alba. It was slowly enlarging. There was no leucocytosis and no history of malaria, and very slight anemia. The case was regarded as one of splenic anemia in its early stages, and it was believed that removal of the spleen would cut short the disease. Such a result, Mr. Gould pointed out, had been previously obtained, and all other treatment for these cases had been ineffectual, and they terminate fatally. A long incision was made in the left linea semilunaris and the spleen carefully delivered, the lower end first. The pedicle was a broad but exceedingly short one; it was tied with silk in seven ligatures, great care being taken not to wound the pancreas. The peritoneum on each side of the hilus was dissected up a little to make a safe pedicle, and the spleen cut away. There was no hemorrhage

from the pedicle. The wound was closed with three rows of silk sutures. Mr. Gould remarked on the advantage of a free incision, so that the spleen could be delivered easily without tearing its capsule; he thought it important not to make any traction on the pedicle, as such traction has been known to cause extreme collapse; the pedicle, he said, required very careful ligature, and the surgeon had to be very careful not to include any portion of the pancreas, as that accident had been known to cause gangrene of the gland. Hemorrhage, shock and injury of the pancreas were, in his opinion, the chief dangers of the operation.

It is satisfactory to state that at the end of the fourth day the patient was doing well.

—Medical Press.

RAPID RETROGRESSION OF A FIBROMYOMA OF THE UTERUS FOLLOWING AN AMPUTATION OF BOTH BREASTS.

M. Heindenhein, in No. 40 of *Berliner Klin-Mocheuscher*, of 1893, has narrated a most remarkable case. The patient came to consult him about a very large fibro-myoma of the uterus, of such great dimensions that he advised against operation. It had been recommended before, but she refused. The patient, who was 44 years old, spent a season at Kreuznach, but without success.

Some time after her return, she again consulted M. Heindenhein for two troublesome tumors in both breasts.

He operated, amputating both mammae, and clearing out the axillary glands. But, great was his astonishment, when she returned six months later to him, to find that the mammoth tumor had practically disappeared.

M. Heindenhein attributes the retrogression of the tumor to the amputation of the breasts, and declares that should a similar tumor come under his care he should recommend an ablation of the breasts.

The case is a remarkable one, though we can scarcely formulate any rule of action on one case. It is well known that large fibroids sometimes disappear of themselves, and in a young woman it would be a serious affair to remove both breasts until other less radical measures had failed.

—Bulletin General de Therapeutique, 30 April, '94.

TOTAL ABDOMINAL HYSTERECTOMY
IN CERTAIN CASES OF SUPPURATING
LESIONS OF THE APPEND-
AGES OF THE UTERUS.

Dr. H. Delageniere (Le Mans): Vaginal hysterectomy has not always been attended with good results in my treatment of pelvic suppurations. In one case I had to give up the attempt to remove a suppurating sac, and on another occasion I was obliged to leave the appendages, after having removed the uterus, the patient dying from cachexy a few months later. This is, in fact, one of the main arguments advanced by laparotomists against the methods of the hysterectomists, who, they say, sometimes fail to remove the appendages; although, on the other hand, the laparotomists may with equal justice be criticised for leaving the uterus, which is entirely useless after the removal of the appendages, and is very liable ultimately to necessitate another operation.

In view of these various difficulties, and in order to profit by the advantages of laparotomy while performing a more radical ablation, it occurred to me to attempt the extirpation of the genital organs in their entirety by way of the abdomen. I thus add to the ablation of the diseased appendages the suppression of a useless organ; and this operation, which is generally easy, and not more serious than laparotomy with simple excision of the appendages or than vaginal hysterectomy, appears to me to afford a means of happily combining, in certain cases presenting unfavorable conditions for the exclusive use of either the vaginal or the abdominal route, the advantages peculiar to each of these two methods of procedure.

Dr. Pozzi: The idea of Dr. Delageniere is by no means new, being continually put in practice on the other side of the Atlantic. I was greatly struck by this tendency among American surgeons to practice total abdominal hysterectomy, and the only explanation which I could obtain of this fact is that they possibly resort to vaginal hysterectomy less frequently than we do. I can, indeed, see no reason why abdominal hysterectomy should take the place of the latter operation, for, in my opinion, in spite of what Dr. Delageniere has said, it is certainly more dangerous than the other.

Dr. Routier: Six or seven years ago I was led to practice abdominal hysterectomy in a case of lesion of the appendages. There existed numerous adhesions, and, the appendages having been removed, the uterus bled to such an extent that I was obliged to undertake, so to say, a hæmostatic hysterectomy. I believe, however, that such an operation is only indicated in exceptional cases, and that it would be rash to make it a routine method of procedure, as Dr. Delageniere seems disposed to do.

Dr. Chaput: I have recently reported six cases in which I really performed the operation proposed by our colleague, in combining the procedures of both the vaginal and abdominal method. The operation seemed to me to be easy; but I must admit that when I tried it a seventh time I ruptured a purulent collection in the abdominal cavity, and the patient died from peritonitis. I am inclined to think, therefore, that too great stress must not be laid on the innocence of this operation.

DEATH UNDER CHLOROFORM AND
SUIT FOR MALPRACTICE.

Dr. A. H. Goelet, the noted disciple of Apostoli, together with Dr. E. H. Delphey, of New York, have both been recently conjointly defendants in a suit for malpractice.

It appears that Dr. Goelet, a little more than a year ago, was called to an elderly man, who had necrosis of the first joint of the index finger of the right hand. An amputation was decided on, when Dr. E. H. Delphey was invited in to assist. Now the trouble commenced.

The daughter of the deceased, Lally, and others present at the time of operation, swore that the patient refused vehemently to take any anæsthetic; and that the doctors forced it in him; and that they gave chloroform—Dr. Delphey giving the drug, while Dr. Goelet was to operate.

The man had taken but few inhalations when he was dead. Under oath Dr. Goelet testified that at first his patient declined to take an anæsthetic but that when he was told that the operation was painful he consented. Chloroform was first given, but ether was substituted early. The plaintiff's counsel fought hard to exclude this testimony of Dr. Goelet, inasmuch as a physician, in law, is not permitted to testify in Court of what transpires between himself and his patient; and particularly in this case, as the patient was dead. Had Judge Charles Truax, before whom the case was tried, sustained this objection, then, of course, the case was quite certain to go against the doctors. But the Judge overruled the objection and permitted the doctor's testimony to go on record.

Therapeutics.

Under the charge of LOUIS LEWIS, M. R. C. S., Philadelphia.

NOVEL AND MARVELOUS SKIN GRAFTING.

The patient, F— L— (brakeman on the Lehigh Valley Railroad, born U. S., age 20, single), came to the Demilt surgical clinic on December 22, 1893, with a large tract of the skin and superficial fascia torn off his right forearm, where it had been caught between the buffers of two cars. The denuded muscles were as cleanly exposed, in all the tracery of their fibres and folds, as if prepared by a demonstrator in anatomy, or as delineated in the best-colored anatomical engravings—to an extent of seven inches the longest way and three and a half inches transversely. The arm had been, and remained, totally paralyzed.

The injury was then two weeks old, and in a most unhealthy condition, with a black slough in the centre down to the bone, covered with a sanguineous muco-purulent discharge, and emitting a foetid odor. On receiving the injury (two weeks previously) the patient had been immediately admitted to one of the large hospitals, where, in spite of wet bichloride dressing daily, the sore had steadily grown worse, enlarging both in area and depth. After this had gone on a week or ten days, it became evident to the hospital faculty that amputation would be necessary to prevent gangrene, and they so decided. Naturally, to a poor laboring man, any risk seemed preferable to a final surrender of his ability to get a living, and, declining the operation, he left the hospital, and came to the Demilt clinic.

The wound not having been strapped, as it should have been, the edges had retracted further and further apart and become adherent to the underlying muscles, so that it was now too late to apply this measure for reducing the surface to be healed, and on account of its formidable extent it was deemed advisable to skin-graft it. The wound and surrounding tissues were first thoroughly cleansed with hot water and bichloride-mercury soap, and then thoroughly irrigated with hot bichloride solution, and dressed for the first 48 hours with wet Thiersch dressing. After this prepara-

tion, eight skin grafts under the diameter of a very small pea, were taken from the same arm, applied to the raw surface—one point to about three square inches of it, and shrunken each to the size of a pinhead, and the whole was covered with plain sterilized gauze previously saturated with the bovine blood-preserve. Over this was placed a cover of oiled silk sufficient to overlap everything by at least two inches in all directions, so as to prevent evaporation of the volatile element in the bovine. Over the oiled silk again, a layer of sheet lint was placed, overlapping it also in the same way, and the whole was secured with a cotton bandage.

This dressing, again, was not disturbed for 48 hours; but a most beneficent effect had been immediately experienced, which is peculiar, but invariable, in all such applications of bovine. Up to this moment the patient had suffered incessant pain in the wound, so severe that, for the two weeks and more previous, sleep could be obtained only by the use of powerful anodynes. The application of the bovine was instantly followed by a sense of the most grateful relief, and within a few minutes the pain had wholly disappeared, and (the bovine dressing being continued) never returned! The explanation of this amazing effect, which we shall attempt to give further on, will reveal, if correct, an extremely interesting physiological process not hitherto understood. At present the revolution in skin-grafting engages our attention.

On removing the bovine dressing after the first 48 hours, every graft but one was found firmly adherent in its place, and the whole surface presenting a healthy appearance. The wound was now cleansed with peroxide of hydrogen, and the bovine dressing was applied as before. This was repeated daily for two weeks, and thereafter three times a week until March 6, 1894, when the patient was discharged in perfect repair; the wound being fully covered with healthy skin, having but a comparatively small pink cicatrix, which was not sensitive, hard or contracting the surrounding tissues. This brief, painless and uninter-

rupted cure, occupying only 64 days, and requiring only seven minute points of graft skin for some 25 square inches of new growth which the nourishing blood-preserve built steadily out from each graft over the bare intermediate spaces—creates an epoch in tissue-construction of which the promise is as yet immeasurable; remembering, as we should, that in principle and substance it was but a repetition of a clear physiological process which the blood-preserve has already made invariably practicable in hundreds of cases on record.

It remains to add, that the arm, which had been from the time of the injury totally paralyzed, is restored to full power.

—Sanitary Era.

A METHOD OF ASSUAGING THIRST IN DIABETES.

Any method calculated to assuage the torturing thirst to which so many diabetics are subject is worthy of consideration. *La Medicine Moderne* tells us that the intolerable craving for food which is so characteristic of the sugar-disease may be lessened by the judicious exhibition of pilocarpine. One milligramme (about 1-60 of a grain) of this substance, administered in the form of a pill—with glycerine and gum to make the mass—at the rate of not more than five or six pills per diem is to be recommended. Pilocarpine may also be administered for the purpose in view in the form of an aqueous solution, thus:

R	Aq. destill	.....	8	Gram.
	Alcohol (40 deg.)	.....	4	
	Pilocarp. nitr.	.....	48	
S.	—The tongue to be moistened with five or six drops of this mixture four or five times a day.			

CHLORINATED LIME IN PRURITUS ANI.

A. L. Berger (*Zemsky Vrach*, No. 13, 1893, p. 213) speaks well of the treatment of pruritus ani by inserting into the orifice (for about 1 inch) a piece of cotton wool soaked in liquor calcis chlorinate. When slight burning or smarting is felt the plug should be extracted, and the anal region washed out with the same lotion, after which the parts should be left to dry spontaneously. The itching is said to vanish instantaneously, while after a few applications of the remedy any accompanying symptoms (such as swelling, eczematoid rash of the perineum and scrotum, etc.) also disappear.

ERGOT IN MIGRAINE.

Thomson recommends large doses of ergot in migraine. His plan is to administer a drachm of the fluid extract with an equal quantity of the elixir of cinchona, in water, as soon as the premonitory symptoms of the headache are noticed; the patient at the same time is advised to lie down and remain quiet. The dose is repeated after one hour if the headache persist, and again an hour later if necessary. If either of the doses be vomited, a similar quantity should be given per rectum. In several cases of long standing, in which other remedies had failed, the author found ergot gave prompt relief. The good effect was often permanent when intestinal antiseptics had been carried out in the intervals.

Journ. of Nerv. and Ment. Dis.

WALNUT LEAVES IN SCROFULA.

G. P. Rodionoff, of Moscow, on the ground of extensive observations of five years' duration, recommends the old-fashioned popular treatment of scrofula by a prolonged course of a decoction of walnut leaves (*folia nucis juglandis*), which should be used both internally and externally in the form of local washes and general baths, made two or three times weekly. Little children should be given half a cupful, older ones a cupful or even a "jugful" of the "tea" every morning and evening. The leaves prove especially beneficial in cases of itching, eruptions, and enlarged glands. In the author's hands the treatment, the duration of which varied from two months to two years, failed only in a few exceptionally refractory cases, and in impatient and unmanageable children who did not take the "tea" in a regular manner.

Meditzinskoie Obozrenie.

PULSATILLA IN HEMICRANIA.

A little girl, 8 years of age, of sad and gentle disposition, suffered for six months with a one-sided headache, usually upon the left side. The pain was situated in the left antero-temporal region, throbbing and stitching in character, especially worse early in the morning, when rising from bed, and in the evening on going to bed; is worse when in a close room, when lying down and when the head is stooped over. When once established the pain continued for several hours at a time and was almost unbearable. Pulsatilla was the remedy indicated and cured the case.

—*N. Y. Medical Times.*

Ophthalmology.

Under the Charge of J. A. TENNEY, M. D., 2 Commonwealth Ave., Boston.

PRESBYOPIA.

Dr. G. C. Savage recently read a paper before the Academy of Medicine in Nashville, Tenn., and published it in the "Ophthalmic Record," in which he advocated rhythmic exercises of the ciliary muscle to postpone presbyopia.

He seats the patient fifteen or twenty feet from a lighted candle or lamp, and puts —.50 D. before the eyes. The patient is directed to look at the flame through the lenses for five seconds, and then raises them five seconds, continuing the exercise for five or ten minutes. This is repeated three times a day. The exercise should be commenced not under 40 or over 43 years, and is continued as long as the proper reading distance is preserved.

This method is diametrically opposite to the one usually followed. We have always given place to old-sight, putting on stronger convex lenses as often as is necessary to help the patient read fine print comfortably within twelve to fourteen inches from the eye. Now we are encouraged to sell our accommodating power as dearly as possible and not cater to advancing weakness.

Dr. Savage bases this treatment upon the theory that presbyopia is mainly due to failure in the ciliary muscle. It appears that he does not accept the hypothesis set forth by Donders, that presbyopia is due to the hardening of the crystalline lens. Donders based his hypothesis upon the fact that the centre of the lens hardens at about the age of 20, so we call it a nucleus at that time. The accommodating power is about half lost at 30, and it appears that the lens has lost much of its elasticity at that age. Dr. Savage believes that failure in ciliary power is the chief source of this loss.

The plan set forth in his paper is harmless, and will probably hinder presbyopia to some extent by increasing the nutrition of that body.

J. A. T.

TREATMENT AFTER CATARACT OPERATION.

We were formerly taught to put a piece of isinglass plaster over an eye that had been operated upon for cata-

ract, and not look into it for a week, unless there were special indications to the contrary. This practice was very disagreeable to the patient, and the writer never tried it but once.

A more humane method is to bandage both eyes for 48 hours. The patient usually stays in bed during this time, for the sake of comfort, although it is not necessary. If he moves about, the eye will trouble him, feeling as if it were full of sticks, until the aqueous is restored. Liquid foods should be used during this period.

After 48 hours the patient can sit up and eat as usual. The room is kept light, the patient sitting with his back to the window. Atropine is dropped in the eye twice daily after the third day to prevent iritis. The eye is irrigated twice a day with a warm saturated solution of boric acid in rose water.

This plan is very simple, and gives the patient comfort, which is not to be despised, for it has more or less influence upon the healing process.

Most surgeons give the patient a great deal of care during the night. This is unnecessary. The eye can be shielded with metal plates, or the hands of the patient can be fastened down with half a sheet fastened around the wrists and tied to some part of the bed, so he cannot raise his hands above his chin. One or the other of these plans will take the place of night care.

J. A. T.

NAVY CHANGES.

Changes in the Medical Corps of the United States Navy for week ending May 12, 1894: Surgeon R. A. Marmion, hold himself to relieve Medical Inspector G. A. Bright, on the U. S. S. Newark; Surgeon G. E. H. Harmon, to the U. S. S. Monongahela, June 15, 1894; Assistant Surgeon W. M. Barnum, to the U. S. S. Monongahela, June 1, 1894; Surgeon J. M. Steele, from the U. S. S. St. Louis and to League Island Yard; Surgeon H. G. Beyer, from Naval Academy and to the Bancroft; Pd. Assistant Surgeon Clement Biddle, from League Island Yard and to Marine Rendezvous, Philadelphia, Pa.; Assistant Surgeon J. L. Leys, with one month's leave, with permission to go abroad.

Miscellany.

THIRTEENTH ANNUAL COMMENCEMENT OF THE MEDICO-CHIRURGICAL COLLEGE.

The thirteenth annual commencement of the Medico-Chirurgical College was held Friday noon in the South Broad Street Theatre.

The stage was brightened with hydrangeas and other blooming plants. The procession of graduates and professors entered, clad in black caps and gowns, the sombreness of which was relieved by the college colors, worn on their shoulders by the students, and a profusion of scarlet satin trimmings on the gowns of the professors.

The students ranged themselves in the front rows of the parquet, while the members of the faculty were grouped on the stage around Professor William H. Pancoast, A. M., M. D., president of the Board of Trustees, who presided. After an opening prayer by the Rev. Robert E. Dennison, D. D., the degree of Doctor of Medicine was conferred upon the 38 graduates:

OTHER DEGREES.

The degree of Doctor of Medicine, *summa cum laude*, was awarded to William Blair Stewart, A. M., M. D., and the degree of Medical Doctor, with honor, to James M. Anders, M. D., Ph. D.; Henry C. Boenning, Jr., M. D.; Patrick A. D. Donnellan, M. D., L. R. C. S.; Emanuel S. Gans, M. D., and Ernest Laplace, A. M., M. D.

The address to the graduates was delivered by Professor William Easterley Ashton, M. D., who gave some excellent advice, urging industry as the keynote to success. He spoke of the need of a broad foundation of general knowledge and practice before undertaking the work of a specialist, and also the careful discrimination required in order to choose those lines of work for which each was best adapted. The care of their own bodies, too, was not to be neglected, and he reminded his hearers of the benefits which came to the medical man from relaxation and rest. He asked the young doctors to be self-reliant; to cultivate the faculty of observation, and to exercise great care in all the details of professional work. "But let me also tell you that you must have a heart filled with human sympathy,"

said Dr. Ashton, in concluding. "Our profession deals with life and death, and unless you feel in every fibre of your being the grave responsibilities which will rest upon you, enter not within the sacred portal. Alone, amidst disease, poverty and filth, you will battle for the lives of those entrusted to your care. Could you do this if your heart was not full of humanity, if your whole being did not respond to the call of duty? Alone with your conscience you will stand before Death, guarding from his hateful power those who are dearer than life itself. See to it, therefore, that you do your duty well."

PRIZES AWARDED.

At the conclusion of Dr. Ashton's address the following prizes were awarded:

Faculty prize, a gold medal, for the highest average in the studies of the senior year, to George Washington Pfromm.

Gold medal, for the highest average in second year studies, to Joseph J. Shultis, of Pennsylvania.

Gold medal, for the highest average in first year studies, to Aeneas E. Hayes, of Pennsylvania.

Pancoast anatomical prize, a gold medal for the best dissection work, to Charles Rea, of Maryland.

Obstetrical prize, consisting of instruments, offered by Professor W. Frank Haehnel, for the best paper on obstetrics, to Edward Adolph Crueger.

Spencer Morris Prize, \$50, for the best examination in medical jurisprudence, awarded to W. F. Powell and Charles Rea.

The exercises closed with benediction pronounced by the Rev. Dr. Dennison.

ANNUAL COMMENCEMENT OF THE JEFFERSON MEDICAL COLLEGE.

The Academy of Music presented a gala appearance Wednesday morning, when, at the 69th annual commencement of the Jefferson Medical College, the degree of Doctor of Medicine was conferred on 163 graduates, by Judge Arnold, of the Board of Trustees, who acted for ex-Mayor Pitler, president of the college, who was unable to be present.

On the stage were seated the trustees, faculty and alumni of the college, while the graduates occupied the greater part of the parquet. Precisely at 12 o'clock the Right Rev. M. A. De Wolf Howe,

D. D., LL. D., offered prayer, which was followed with a selection by the Germania Orchestra, which, previous to the opening exercises, had given a short concert. Judge Arnold then conferred diplomas upon the graduates.

It was also announced by Judge Arnold that the Honorary Degree, LL. D., had been conferred, by authority of the Board of Trustees, upon Hon. Henry W. Williams, of Wellsboro, Justice of the Supreme Court of Pennsylvania; Mr. Benjamin B. Comegys, president of the Philadelphia National Bank, and William Goodell, M. D.

After a selection from "Robin Hood" had been rendered by the orchestra, the Dean of the Faculty, James W. Holland, M. D., Professor of Medical Chemistry and Toxicology, awarded the prizes, as follows:

THE PRIZES.

Gold medal, for the best essay on a subject pertaining to physiology, to Joseph Herman Ross.

Gold medal, for the best essay on a subject pertaining to surgery, to Frederick Hubbell Mills, for his laborious and comprehensive research.

Gold medal to John Kinnear Crawford, for original investigation in surgery, with a certificate of honorable mention of the essay of Charles Pern Robbins.

Gold medal, for the best essay on a subject pertaining to obstetrics, to Benjamin Rammel Veasey.

Gold medal, for the best essay on a subject pertaining to chemistry, to Henry Anthony Strecker.

Gold medal, for the best anatomical preparation, to Ward Brinton.

Gold medal, for the best essay on a subject pertaining to pathology, to J. Coles Brick.

Gold medal, for the best examination in therapeutics, to Charles Stapler Mangum, with certificate of honorable mention to George William Wagner, Jr.

Gold medal for the best essay on a subject pertaining to the practice of medicine, to Francis Joseph Kelly, Jr., with a certificate of honorable mention for the essay of Frederick Hoyer Millener.

The award of prizes was followed with the valedictory, which was delivered by Professor Hobart A. Hare, M. D., who was greeted with enthusiastic applause, and was listened to attentively from beginning to end. In part he said:

THE VALEDICTORY.

"If you are to be successful in your work you must never for a moment cease to keep yourself fully abreast of the times, which never cease to bring forth new thoughts and discoveries. The infant which fails to gradually become in touch with the surrounding world is said to be a case of arrested development, but the young physician who ceases to study new books, the best medical journals, and to study his case carefully, speedily reaches what might be called medical imbecility. The granting

of a degree of doctor of medicine makes you a physician in name rather than in deed, and you must be doctors, in the olden usage of the word, by teaching the profession more of the art of medicine, and not be satisfied with absorbing the light of others and shedding none yourself." He then pointed out the necessity of combining work with pleasure in order to keep in good health. He also spoke of the four famous gynecologists who had graduated from the college, Marion Sims, Batty, Thomas Addis Emmett and Goodell, and urged the graduates to follow in their footsteps.

A part of the address which created a great deal of laughter was the reading of an article in a recent number of the New York Medical Record, which points out the woes of the young physician struggling for practice. It says: "If I call to see a patient frequently, I am trying to run up a bill; if I don't, it is shameful neglect. If I manage to get to church and am called out, is said I am working an old dodge; if I am too busy to go, I am asked, 'How is it that you doctors are all athirst?' If my wife calls on people, it is because she is trying to get patients for me; if she don't it is because she is too proud. If I cure a patient quickly, the patient was not half as bad as the doctor tried to make out. If, on the other hand, he does not get well rapidly, it is because the doctor did not understand the malady. If a consultation is suggested, it is because I don't know what is the matter. If I say it is unnecessary, it is because I am afraid of showing my ignorance. If the patient gets worse, it is the fault of the doctor; if he gets well, it is the goodness of Providence. If I send my bill promptly they say, 'He is in a hurry for his money;' if I don't, I am unbusiness-like."

Following the address Bishop Howe pronounced the benediction, and the large gathering began to disperse, many of the graduates having received bouquets.

THE AMICK CURE.

The suit of the emulator of the great Keeley, but in a different field, for \$25,000 damages was lately compromised for \$25.00, or on the basis of one dollar on the thousand asked. The "Cure" should be turned loose on a few well authenticated cases of tuberculosis in cattle, the experiment to be carried on under the supervision of a committee from a reputable State society and a representative of the "Cure." Here is an opportunity that Amick should not lose. Meanwhile as an adroit worker of the Associated Press dispatches for advertising purposes the "Cure" takes the capital prize.

—The National Popular Review.

The Times and Register.

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WHOLE No. 820.

Original.

REMOVAL OF THE SUPERIOR MAXILLARY BONE—DOURNOT'S SURGICAL ENGINE.

REPORTED FROM DR. J. E. GARRETSON'S
SURGICAL CLINIC BY M.

H. C.

Dournot's engine is the latest device in its direction, and, for a machine of this kind, faultless as to construction. The surgical world is indebted to the White Dental Manufacturing Company, which at great expense in way of patience, cost, and application have furnished Dr. Garretson's clinic an original, designed to be copied, which is said by this surgeon to leave nothing to desire. The velocity in the way of revolutions that is given a bur by this engine is from ten to fifteen thousand a minute, while the power is capable of drilling into stone.

It would seem but a question of time, and a very short time at that, when the refinement afforded surgical performances by the surgical engine will render inexcusable the bungling hand performances exhibited at clinics generally. Using the Bonwill engine, which is not nearly so steady as the Bournot, the writer has seen Dr. Garretson remove through A, slit made in the soft palate, the body of the sphenoid bone; a performance that is certainly delicacy itself.

On the first Saturday of April last, Dr. Garretson, with a view of showing the capability of the new engine, and affording a contrast with the common mode of removing the superior maxillary bone, spoke and operated at his clinic, as follows:

"The original idea, as it relates with

an operation now to be shown the class, deals with the removal of the os coccyx without disturbance of the perineum, a performance that I have accomplished on several occasions to the complete satisfaction of all concerned.

"This operation is nothing more complicated than exposing the bone by an incision, reaching it from the surface, and, after slitting it open and pushing to either side the periosteum, bur away the bone, the subperiosteal tissue being left undisturbed."

"I consider this about the most complete surgical operation I have ever devised; indeed, I feel disposed to say that it is perfect. To appreciate it one needs but to consider the removal of a letter from its envelope, the removal being accomplished by a slit across the face of such envelope, the withdrawal of the contents, and the laying back into place of the disturbed sides of said face.

"Applying the method to the removal of the superior maxillary bone, which bone is of similar significance to the coccyx in being enveloped, I am now to show the class an ablation of this part, divested wholly of its horrid aspect, and leaving an external scar that after a short time will not be observable."

The patient was a young lady about nineteen years of age; the disease being sarcoma.

To afford an exposure Dr. Garretson made a simple division of the upper lip in the exact median line, carrying this below and across the ala. He next quickly extracted the teeth, thus giving egress to the bone. Next using a large bur attached to the handpiece of the engine, the whole jaw was ground from its bed leaving the soft parts open to examination.

The hesitation felt by every surgeon in connection with the extirpation of

the upper jaw has explanation in the shock and hemorrhage attending the operation.

In the performance here described both are reduced to the minimum. The patient here referred to sat up after three days, and a week later went to her home. The cut in the lip, even after so short a space of time, scarcely showed beyond a few feet distance, union by first intention having been secured.

IMMEDIATE CAPSULOTOMY FOLLOWING THE REMOVAL OF CATARACT.*

BY L. WEBSTER FOX, M. D.,
PHILADELPHIA, PA.

All ophthalmic surgeons endeavor to obtain perfect vision after the removal of a cataract. On account of its prevalence the loss of one of the most valued of the senses and the restoration to vision by a bloodless and painless operation have concurred to render this operation an object of the highest attention to surgeons; and the progress of improvement in the operation has been commensurate with the advances made in surgery elsewhere in the economy. Unfortunately, with all our skill and knowledge, success does not always follow the removal of an opaque lens. The many contingencies incident to the healing of the wound, the distortion of the cornea, the subsequent change in the media caused by iritis, or a thickening of the posterior capsule, one or all of these factors play a very important role in the subsequent restoration of visions.

The opaque lens, with its capsule, obstructs the vision, causing blindness of the patient. To remove this obstruction requires considerable dexterity; to restore vision, absolute cleanliness and most careful after treatment. The most disheartening factor in a cataract operation is that sooner or later the posterior capsule thickens, and again dimness of vision follows; the lessening of the sight is not so great as it was before the removal of the lens, but still the patient is debarred the comfort of reading, writing or attending to business matters in which it is necessary to have

perfect vision. It is to prevent this latter change that I advocate the splitting or parting of the posterior capsule at the time of the primal operation.

Having had the opportunity of following many operators—good, bad and indifferent—and noting the after results, I frequently saw an excellent vision follow bungling manipulation. The surgeons did not possess that delicate sense of touch so essential in making the corneal incision, snipping the iris, lacerating the anterior capsule, and delivering the lens. They lost courage, or their hand became so tremulous after they had ruptured the capsule that the operation would have been a failure had they not taken a lens scoop in hand, entered the eye, and fished out the cataract and its capsule, with always more or less loss of vitreous. With very great care in the after-treatment many of these patients would recover, and, in the majority of cases which did recover, no capsule interfered with their visual acuity. It was witnessing such operations that led me to think that a parallel process, carried out, however, on more delicate operative lines, at the time of the primary operation, would still lessen the dangers that such harsh measures would be sure to excite.

The ancient method of removing cataracts from the direct line of vision was by couching; that is, passing a delicate needle through the sclerotic coat on the temporal side of the eyeball, posterior to the ciliary bodies; pressing it forward and into the crystalline lens. Then, by a backward sweep of the point of the needle, lens and capsule were torn from their position and deposited down and out in the vitreous chamber. Celsus, the celebrated Roman physician, who lived at or about the commencement of the Christian era, describes, and is generally esteemed the father of this operation. It was not very satisfactory in its results, according to the data obtainable from the earlier writers. Fabricius, who flourished in 1600, speaks with great despondency of this operation; later on, Hiester, 1711, says: "Though the operation is easy to be performed, the success is so very precarious that amongst a great number of persons, couched by the most distinguished oculists, very few met with the desired results; and upon the vast number of patients upon whom the celebrated itin-

*Read before the State Medical Society of Pennsylvania, May 17, 1894.

erant Taylor operated not one in a hundred recovered his sight." He further says that in several different places he saw many miserable objects in tormenting pain, arising from inflammation consequent upon the operation, and that of those who regained their vision there was scarcely one in ten who did not sooner or later lose it again. For 1800 years this puncturing of the eyeball, with its most deplorable results, was the only method held out to the blind. It was the outgrowth of an accident which gave birth to the rival plan of extracting the opaque lens through an incision of the transparent cornea. It was the failure to remove a cataract, which had escaped into the anterior chamber by couching, that led M. Mery to recommend, in the year 1707, the practice of extraction in all other cases of this disease. It was left, however, for Daviel, the celebrated surgeon of Paris, 1745, to bring forward this method as one infinitely less dangerous than couching. From that day to this the incision is made through the cornea, or along its margin, and the percentage of loss is to-day what the gain of vision was 150 years ago.

PRELIMINARY TREATMENT ESSENTIAL IN CATARACT OPERATIONS.

I deem it of the greatest importance to interrogate all cataract patients presenting themselves for an operation, as to their general habits and family history, and to make a careful examination of the urine, restricting meat diet, and increasing a vegetable one; while last but not least, placing the patient, one week before the operation, on the mixed treatment, also paying particular attention to bathing both eyes with a boracic solution containing sulpho-carbolate of zinc; examining the eyelashes and particularly the nasal cavities. If any catarrhal affections are found in these cavities it is of paramount importance that they receive the proper treatment before an operation is performed. The day before the operation the patient is given a warm bath and a saline purgative, kept in bed, and his face washed with castile soap and water, then washing the skin around the eye to be operated upon with ether, following this again with a 1.5000 solution of corrosive sublimate, after a German method (Schweigger).

The reason I call attention to these

minute details is that the patient may suffer from some defect which would not affect an eye in a comparatively healthy state, but might exercise an extremely pernicious influence on the eye after the irritability following the operation. The effect to be dreaded is inflammation, and therefore every measure calculated to prevent its occurrence must be taken. There are still a few ophthalmic surgeons who think it quite unnecessary to take these preliminary precautions, but happily, the number is growing less year by year.

At the time of the operation still greater precautions are taken; the patient's face, neck and mouth are thoroughly cleansed, clean underclothing, over which, and fitting close to the neck, a sterilized sheet is wrapped, head bandaged in a sterilized towel, and the eye irrigated with an aseptic fluid, as hot as the patient can bear it. The instruments are also sterilized, all fluids, such as atropine and cocaine, are sterilized in a Llewellyn flask. The operation is performed then in the usual manner.

After the delivery of the lens (cataract), and all cortical matter is washed out of the anterior chamber I proceed with the rupturing of the posterior capsule—the subject of my paper. The instrument used is a gold-enameled hook, made as delicately as is consistent with keeping its shape. It is of malleable steel, so that it may be bent to any angle, which I find is convenient, especially when the eye of the patient lies deep in the orbit. The hook is passed into the anterior chamber, and behind the lower pupillary margin of the iris, on its flat side. It is then rotated backwards, hooked into the capsule, drawn gently upwards to the mouth of the incision, rotated on its flat again, and then taken out of the chamber. By this means the capsule is torn, and the vitreous presses forward between the rent. Very little or no vitreous shows at the mouth of the wound. If it does, I snip it off.

When the operation is performed after the simple method (without iridectomy) the same manipulation is carried on with but one exception; and that is, the line of incision is not so long. The ophthalmostat is removed, and the eyeball again irrigated with the hydrostatic eye-douche, followed by dropping one drop of sterilized atropia solution into the eye; the

lids closed and thickly anointed with vaseline, which has been sterilized by boiling; over this, specially devised eye-pads, which have also been sterilized by heat, held in place by adhesive strips, which keep the bandages securely fixed, permitting the patient to change his position in bed as often as is desirable. In twenty-four hours the dressings are removed and both eyes bathed with warm water and irrigated with sulpho-carbolic solution, another drop of atropia applied and similar eye-pads adjusted with as much care as at the primal operation, and so continued from day to day until the eye is out of danger.

Is this a new operation? Some of the older writers of fifty years ago hint at the removal of the lens and its capsule, but they are not explicit enough to say that they did so. The only authority that I can find saying so positively is Richard Middlemore, who on page 138, vol. II, in his great work on "Diseases of the Eye," published in 1835, after speaking of the removal of the lens, when the pupil is not clear, on account of the thickening of the posterior capsule or the hyaloid membrane, says: "In every such instance I have found it absolutely essential to the successful result of the case to lacerate the posterior capsule and hyaloid membrane and permit the escape of a portion of the vitreous humor." Coming nearer to our own day, I must say a few words about the distinguished surgeon who left his impress upon all who witnessed his wonderful skill as an operator. I have reference to the late Dr. Richard J. Levis, of this city. I have had the opportunity of examining quite a number of patients, from whom cataracts were removed by this eminent surgeon. In nearly every instance the posterior capsule was evidently ruptured at the time of the primal operation. Whether this was a constant practice of Dr. Levis I am unable to say, but I am sure he realized the importance of removing the posterior capsule at the time of the original operation. Pagenstecher, of Wiesbaden, is also an advocate of removing the lens and its capsule at one sitting. Hasner, another German ophthalmologist, is an advocate of this radical operation. It has recently come to me indirectly that Dr. Knapp, of New York, is also lacerating the posterior capsule at the first operation.

Is the operation always successful?

Laceration of the capsule alone does not prevent the hyaloid membrane from becoming slightly translucent. When this takes place we may follow with a needle operation, and not provoke cyclitis by trying to tear a tough, inelastic tissue.

I have been in the habit of performing this operation in alternating cases for ten years. In those patients upon whom the operation was performed I had to repeat a needle capsulotomy (scissors) in about 15 per cent. of the cases. Where it was not performed, in about 75 per cent. In the 15 per cent. of the cases where it did not succeed I can only attribute it to a very thick posterior capsule, the vitreous receding after closing of the eyeball, and thereby not keeping the capsule separated, but practically closing again. My experience has led me to believe that there is less danger of inflammation of the eyeball in immediate capsulotomy than in a subsequent operation.

The elder operators recognized the gravity of puncturing an eyeball with a needle, and hailed with delight the improved method which completely revolutionized statistics. My own experience is fast leading me to adopt the cutting through the cornea with a keratome and the incision of the capsule with a De Wecker's scissors, disregarding the needle altogether. With the preliminary treatment, and with the aseptic methods now employed, success is almost always assured, whilst with the treacherous needle almost every surgeon has had reason to regret his *modus operandi* in more ways than one.

1304 Walnut street.

INCIPIENT INFLAMMATIONS OF THE EAR IN EARLY LIFE AND THEIR SEQUELAE*.

ABSTRACT OF PAPER, BY S. MAC-
CUEN SMITH, M. D., PHILA-
DELPHIA, PA.

The object of this paper is to present a few suggestions for the purpose of stimulating a general interest in the primary aural inflammations that must necessarily first come under the care of

*Read at the Pennsylvania State Medical Society, May 16, 1894.

the general physician. It must be the aim of all true physicians to prevent disease of the ear rather than to relieve conditions that should have been prevented.

It has been estimated that from eighteen to twenty per cent. of school children are unable to write from dictation correctly, when the teacher speaks in a high tone of voice, at a distance of twenty to twenty-five feet. If this is correct it reveals an increasing and alarming affliction among our young population to which the profession have not given serious consideration.

The great majority of ear diseases have their beginning in infancy and early childhood, and as the practitioner of general medicine is always, and very properly, the one first to be consulted, he must be morally responsible for the proper management of these incipient ear troubles.

Within the past three years it has fallen to my lot to see six infants die from disease of the middle ear, in every case of which the trouble had not been recognized until within a few hours of death; four of these patients were thought to be suffering from "brain fever," and two from "meningitis."

When a child frets and cries persistently, and the cause cannot be otherwise located, an examination of the ears will frequently reveal the difficulty and suggest prompt means of relief.

It is gratifying to note the gradual disappearance of the gross ignorance that divided all the diseases of the ear into two great classes: "wax and no wax;" "wax curable and wax incurable."

During intra uterine life there is an accumulation of a semi-fluid substance within the tympanic cavity known as Wharton's Jelly. About the time of birth this fluid is absorbed through the physiological changes which take place in the tympanum, and by means of which air is admitted into the middle cavity, immediately following the first cry of the infant. The external auditory meatus is sometimes obstructed by the cheese varnish (*vernix caseosa*) covering the surface of the fetus. The presence of this material may cause inflammation of both drumhead and meatus itself, and it is said "the child was born with a discharging ear." This is in all probability caused by the presence of some unabsorbed Wharton's Jelly acting as a irritant and exciting suppurative infla-

mation of the tympanic cavity. It is well, therefore, to examine the external auditory canal of the new born child, and, if it be free from accumulated material, and the *membrana tympani* is found to be congested, the tympanic cavity should be inflated by Politzer's method, which, if it fails to relieve the symptoms, should be followed by careful puncture of the drumhead and inflation again used.

The treatment of so-called "earache," when due to inflammation in a previously healthy middle ear, becomes an important matter and we must consider it the imperative duty of every practitioner of medicine to be able to promptly recognize suppuration of the tympanic cavity.

Two forms of acute inflammation of the middle ear, the one caused by exposure to dampness, sea bathing, the careless use of the nasal douche, decayed teeth, or extension of catarrhal condition of the throat; the other form occurring during the course of infectious fevers, should be recognized.

For treatment of acute inflammation of the tympanic cavity as soon as pain of any character is complained of blood letting in front of the tragus by leeches is of first importance. A blister in the same spot will answer the purpose in less severe cases. Inflation of the tympanic cavity is an important part of the treatment. In a majority of the cases this is readily accomplished in children by attaching a piece of soft rubber tubing to a Politzer's air-bag, and inserting this into the nostril air can be forced into the middle ear during the spasmodic crying of the child, which will prevent the air from entering the throat. A continuous stream of mild carbolic acid or boric acid solution properly heated should be directed into the external meatus.

When this treatment fails to relieve the symptoms it is safe to assume that abscess is forming in the cavity and no time should be lost in puncturing the drumhead at the most dependent point.

When there is a discharge it is best treated by inflating the cavity twice a week and a daily injection of a warm boric acid solution.

The importance of these inflammations of the ear has an increasing interest when we consider the multitude of deaf mutes that are traceable to a discharging ear as a consequence of one

of the exanthemata. The inability to speak is usually the result of deafness. When the deafness is caused by congenital arrest of development there is no probability of the case ever being improved, but when the deafness and subsequent loss of speech has been acquired after birth, such an affliction can frequently be remedied when promptly recognized and treated.

When all this suffering and future affliction can be prevented by prompt and judicious treatment in the incipient stages of these inflammations we must protest against the neglect and indifference that is so manifest in a large number of these cases.

No. 1502 Walnut street.

A CONTRIBUTION TO THE STUDY AND OPERATIVE TREATMENT OF INTRA-LIGAMENTOUS TU- MORS OF THE UTERUS.

BY. M. le Dr. EMILE IANERS.*

This author's classical management of his essay, with the clear and unbiased views on the above subject, are so exceptionally excellent, that the main portion of it will be embodied in this translation.

He commences by declaring that the decortication and removal of a fibroid developed in the broad ligament—the so-called extraligamentous—is always attended with much more danger to life than the performance of a typical abdominal hysterectomy.

New difficulties and dangers arise from a multiplicity of causes—from the volume of the tumor, the abnormal situation of the pelvic viscera, the absence of a pedicle, the persistence of a vast sanguineous pocket, and damages to the cellular tissues of the pelvis.

VOLUME OF THE TUMOR.

The volume of the tumor, though of no mean importance, is an incident of minor importance compared with its extensive adhesions. By employing the Trendelenburg posture, those tumors which arise from the uterus by narrow pedicles may be easily removed.

It is, however, altogether a more serious affair with those which are lodged in the broad ligament. Here the danger

from hemorrhage is great. Enucleation is slow and always very difficult when the surface of the growth has contracted extensive and intimate attachments with the neighboring organs.

The author in one case removed one of these tumors which weighed 12 kilogrammes and another that weighed 22. ABNORMAL SITUATION OF THE PELVIC VISCERA.

This is a complication of the greatest gravity.

Those tumors which spring up beneath the folds of the broad ligament may insinuate themselves under the cecum on the right side, or the sigmoid flexure on the left; so they may make their way under the peritoneal cul de sac, the vesico uterine, and displace the ureters. We may find these structures more or less firmly bound down to the new growth. The bladder, uterus, tubes, intestine and ovaries may be caught in their grip and carried up to or beyond the umbilicus.

Under these circumstances, which are not uncommon, the surgeon is in great danger of wounding those adjacent organs, the capsules of which are incorporated with the investment of the neoplasm; the intestine may be opened, the bladder lacerated and the ureter damaged, if not torn away altogether. All these accidents may attend the decortication of a large spreading tumor in the broad ligament. They have occurred under the hand of the most eminent operator. He has unwittingly torn the intestine, pinched or ligated the ureter, under the impression that he had an artery, and has opened the bladder.

ABSENCE OF A PEDICLE.

This anatomical characteristic renders it impossible for the surgeon to apply elastic constriction over the base of the tumor.

When the growth is ballooned high up in the abdomen the rubber tube may be placed on the tumor, but it is impossible to adjust it at its origin and under it. Hence, in the hands of anyone the enucleation of these tumors is always attended with hemorrhage, at times alarmingly abundant, against which the surgeon has no means of control, except by the use of clamps, compression and haste in bringing the operation to a close.

"The mental anguish of the surgeon," says Fritsch, "for the moment is terrible. The danger of the immediate

* Translated by T. H. Manley, M. D., from Archives De Tocologie et de Gynecologie, April, 94.

death of one's patient is imminent, it may be difficult or impossible to discover the source of the hemorrhage." Finally he declares that "among the operators who have the most to do with this class of cases there are none who can boast that he never had an accident to deplore."

The tumor raised leaves an immense bleeding pouch, which may keep on bleeding after the abdomen is closed, and which if infection develops, becomes the seat of a redoubtable peritonitis. Whether we suture its borders to the abdominal incision, drain or flush it, suppuration is quite sure to follow, and that by its prolonged course will enfeeble our patient or lead to eventration.

The surgical treatment of these tumors may be attended with such formidable difficulties as to induce even the intrepid Pozzi to declare, that, "when we have opened the abdomen and determine a very complicated state of affairs we will do the best for our patient by contenting ourselves with castration instead of extirpation."

Our prognosis is indeed sombre, says Schroeder, "in those formidable cases where the tumor has no pedicle, and we must be content with enucleation from the vascular tissue of the pelvis."

Unhappily, surgical intervention is sometimes imposed upon us in spite of the great difficulties in our way, maybe, perchance, of the rapid growth and cystic degeneration of the tumor; maybe because of insufferable compression of the rectum, or bladder, or by circulatory disturbances dependent on the compression of some of the great blood trunks of the pelvis.

In a considerable number the surgeon will find himself confronted by two alternatives. First, to hazard an operation, the issue of which is always uncertain, or to let the patient die unrelieved. The extirpation of these intra-ligamentous fibroids is not like that of the interstitial or sub-mucous, subjected to established rules. Each case demands a diverse technique.

"It is impossible," says Pozzi, "to give regular fixed rules for their removal, for they are artificial growths."

The tumor being brought into view, we must set about to drain off the blood current from its roots as best we can. First, the ovarian arteries, which have become greatly enlarged, must be lig-

ated; then those vessels crossing over from the adnexa must be seized and closed. This being accomplished, our next step is to open the tumor's capsule and commence the work of decortication from the cellular tissue of the pelvis.

This is sometimes easy, but it may present formidable difficulties; hemorrhage may be frightful, and in spite of all we can do, the loss of blood is great, and the operation must be hurried to a termination. The detachment of the tumor from the viscera may be simple in some, while in others its fusion with them may be such as to render a division of the bone attended with the greatest danger. A prudent and cautious dissection may succeed in separating the anterior face of the tumor from the wall of the bladder and its base from the ureters.

But should we wound the intestine, we must then and there either suture or resect it; the torn bladder must be carefully closed, and, when the ureter is divided, we must at once do a nephrotomy or implant its divided end in the rectal walls.

The removal of these growths is much expedited by Reverdin's elevator-hooks, or by the pressure upward of the growth, by the hand of an assistant, in the vagina.

Schroeder in all these cases endeavors to preserve the uterus. He carries a flap of peritoneum over the large breach made in the ligament and carefully closes all bleeding points with absorbable suture; but the author himself prefers a simultaneous supra-amputation of the uterus.

Schroeder in all cases, relying on radical antisepsis, hermetically closes the wound without any drainage; and, no doubt, in the large proportion of cases, this course will admirably succeed. But as Hoffmier has pointed out, should but a few germs find access to the peritoneal cavity, this plan is attended with great danger.

The author says that the technique in these cases, for after treatment, varies with various surgeons; but that in his own practice he prefers tamponage with iodoform gauze, placed extra-peritoneally. This exercises a steady pressure, possesses highly antiseptic properties, is an excellent hemostatic, may be renewed at any time, and leaves a fistulous opening through which effete materials may drain away.

The author closes by giving in detail his personal experience in sixty-one nigosotomies, six of which were of the intra-ligamentous type.

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SOME MEDICAL TERMS.

One often runs across some very long terms in medical literature, the pronunciation of which would bother the ablest scholar to articulate, were he to attempt it off-hand; however, rarely as these terms are used, it is interesting to note them occasionally.

We had occasion to state recently that the technical term of the iodide of thalline was "tetrahydroparamethylox-ychinoline," which is short compared with some other terms.

There is an old name for chrisophanic acid termed "dioxymethylantraquinone." An instrument used for breaking ossified callus in falsely united fractures bears the name of "dysmorphosteopalinklastes." The impurity of cocaine called ecgonin is technically simply "methoxyethyltetraphdropysidine-carboxylic acid," while the chemical terminology of the pure article is called by the name of "methylbenzomethoxy-

ethyltetrahydropyridinecarboxylate." The last term is probably the longest word in the English language and contains 52 letters.

THE CODE QUESTION.

We are glad to note in this issue that the Pennsylvania State Medical Society took so firm a stand relative to the change in the code.

This code agitation comes up almost periodically and is evidently fostered by those who desire to increase their consulting practice. They want members of all schools admitted to the ranks of the regular profession, not because they so desire a unanimity of feeling as that they may be called in consultation by the other schools without being tabooed by their own.

If we ask one of these would-be code-revisers: "Would you call in consultation a homeopath to help you out on a case?" nine chances out of ten he would say; "No; certainly not." Why, then, should he more desire the reverse of the proposition?

Is it not for personal gain and notoriety?

We think the resolutions which are fast being expressed at the various State medical societies will have much weight at the meeting of the National Society in San Francisco. At the same time it must be remembered that votes count and personal attention must be given the matter by attendance at the meeting.

The best plan that has been suggested in our opinion, is to table indefinitely the measure of revision and this can be done without debate.

THE GYNECOLOGIST AND GENERAL SURGEON.

In a recent issue of an exchange we find a contribution on a gynecological operation, in which the writer in his preliminary remarks, in a sort of an apologetical manner, excuses or justifies himself, as a general surgeon for roaming into the domain of the specialist*

This, it seems to us, was altogether unnecessary and gratuitous on the part of the writer, who is a well-known and distinguished surgeon, for it is absurd to suppose that one can pretend to a mas-

*Dr. John B. Deaver on "Vaginal-Hysterectomy."

tery of operative gynecology who is not well grounded in the principles of general surgery.

It is true that the country is now overrun with what are called gynecologists, who have never had any extended systematic training or experience in operative surgery, who coolly undertake the performance of operations of the most formidable character, and often recommend and do others which are not required, thereby mutilating their patient. In this specialty the supply has very greatly exceeded the demand.

On the other hand, general surgeons, with few rare exceptions, will not hesitate to perform any operation, except those on the eye and ear, and generally regard the gynecologist as a trespasser, who should be driven from the field.

Lawson Tait brought down on his head the maledictions of the united British profession, because he defended the specialty of gynecology though he disclaims for himself any other title than a general surgeon. The London Lancet, in accord with the great medical body of England, still repudiates the British Gynecological Society and refuses to notice its transactions by publication.

No candid observer can deny that all sorts of specialism have, of late, been overdone.

What we need are not more gynecologists, but better surgeons. Let the former spread out. He has already claimed the obdurate as his. He might go further up and down, include the vascular system, the other cavities, the bones and joints. He will remain just as efficient a gynecologist and thus-wise he will "even up" with the surgeon, who will never relinquish his claim to every fibre of the body, in either sex.

AUTOGENOUS INFECTION OF WOUNDS.

At a recent meeting of the New York Academy of Medicine Dr. Joseph D. Bryant presented a short essay, bearing on the subject of auto-infection of wounds.

In one case, in which fatal infection

followed the wiring of a fractured patella, he thought it possible that the pyogenic agent had been conveyed by a probe, which had been employed on a diseased joint; though he had his doubts.

In one other case, in which he simultaneously operated, for double genu-valgum, though both limbs were equally treated by rigorous aseptic measures, one freely suppurred. And hence, he raises the question as to whether it is possible for a wound to become infected through pus-producing agents in the circulation?

This raises an important question, for if infecting microbes are habitually conveyed through the blood, then the most effective surface sterilization will not suppress the development of suppuration.

However, when it is borne in mind that these terms, aseptic and antiseptic possess but a relative meaning, and that both are scientifically inexact and misleading, we need not be surprised that suppuration will often follow, in spite of every precaution. The average so-called antiseptic solution, is no antiseptic at all; for a fluid to be microbically potential, its irritation would be most disastrous. Iodoform, which is most generally employed in these times, in obedience to the behests of fashion, is an excellent medium for the culture of most any description of the microbic family. Sterilization is effected only by such excessive heat as will not only destroy germs, but every sort of living cell as well.

It is self-evident then that it cannot be applied to the parts to be divided, nor the surgeon's hands. But what is more, it has been recently demonstrated that, with few and rare exceptions, the principal types of pathogenic or pyogenic microbes have their abode in the living body; but that they are consumed, or their number reduced by the blood scavenger, the phagocyte; besides, that it is only under certain disturbed conditions of health, bad hygienic surroundings, that it is presumed they possess any lethal properties at all.

We may conclude then, that without questions, modern precautions have tended to greatly minimize the tendency to septic infection of wounds, but that the constitution of the patient, the season of the year and hygienic environment are factors which play a role, the importance of which should not be overlooked by the judicious operator.

THE PRIMARY BATTERY.

We believe it was Professor Tyndall who made the striking assertion that, from the standpoint of locked-up energy, if we take a gun-cap for the cell, a tear for the electrolyte and suitable electrodes, the total energy, if gathered, would make a pretty good thunder storm. If this could be even in a remote degree approached by any practicable form of battery, aerial ships might soon be known to commerce. And why should not the missing link be discovered? There has been great work done by investigators in the past on the production of electricity from primaries batteries, and there has been a vast amount of swindling accomplished by scientific fakirs along this same line. But is the primary battery question after all anywhere near a solution? Has it ever been the subject of the merciless rasp of scientific law and requirement that has torn the jagged edges and corners off the once nearly unrecognizable dynamo? Has not a great proportion of the so-called "improving" been done by kitchen chemists and back-yard electricians? Much has been said and written on the necessity for zinc as the combustible element, simply because experimenters have found it to be so with the combinations tested. But years of constant investigation and testing by a hundred experimenters would not begin to run the gamut of possibilities on the electro-chemical scale. There is hope, certainly, and there is plenty of room for an honest, efficient and easily maintained primary battery.

 MESSAGE FOR INCONTINENCE OF URINE.

Dr. Narich strongly commends his simplification of Brandt's massage for this troublesome affection. A number of successful cases are quoted, in several of which a single seance seems to have been all that was needed to effect a cure. The essence of the treatment lies in restoring the lost tonicity of the sphincter of the bladder, and accordingly in his latest cases the author limits the massage to the neck of the bladder. Further observations on this interesting subject are promised.

Book Notes.

INDIANLAND AND WONDERLAND. By Olin D. Wheeler. Published by the Northern Pacific R. R. Co., St. Paul, Minn. Price, 6 Cents.

It is difficult to adequately describe with sufficient credit the value of this little work. It is vastly more than the ordinary description of railroad scenery. It is a book which no one can fail to appreciate, whether he has traveled to a great extent or not. The book is neatly gotten up, contains magnificent half-tone cuts of some of the grandest scenery in America—yes, in the world.

The text briefly describes the wonderful country through which the Northern Pacific Railroad runs or to which it is a route.

The Yellowstone Park, with its grandeur and glory of towering mountain peaks and deep canons—so magnificent that on is thrilled with inspiration to exclaim, "Lord, what is man that thou art mindful of him!"—those wonderful geysers, sprouting into the air a hundred feet or more, and many other wonders which space forbids us to mention, all are detailed in this little volume.

A chapter is also devoted to Alaska, its scenery and cities, as well as the famous Oregon region.

The extremely small price of this work will bring it within the reach of every lover of nature's wonders and there should be a great demand for it.

TREATMENT OF TYPHOID FEVER. By D. D. Stewart, M. D., Philadelphia. Published by George S. Davis, Detroit, Mich., 1893. The Physicians' Leisure Library. Price, 25 cents.

"Were all water and milk used for personal and domestic purposes sterilized enteric fever would soon disappear" is a statement which appeared some time since in medical literature.

This is undoubtedly true to a greater or less extent, but it must also be remembered that in ice and uncooked vegetables there may reside many typhoid bacilli.

This work treats very admirably the subject of typhoid fever from the standpoint of its prevention, as well as of its treatment after the attack has commenced. The contents are divided into four chapters, "Prophylaxis," "General Management," "Specific and Antiseptic Treatment," "Treatment of Special Symptoms and Complications."

Surgery.

Under the charge of T. H. MANLEY, M. D., 302 W. 53d St., New York.

SYRINGO-MYELIA.

M. Marie presented a curious case of syringo-myelia, under a form of pseudo-acromegalia.

The patient, who was 21 years old, remarked that during the past three years his left foot and right hand had greatly increased in volume.

The right hand was notably larger and more plump than the left. This hypertrophy occupied the metacarpal and digital part of the hand, particularly; the index finger and the thumb were larger in proportion than the rest. The skin was thick, hard, and in places on the surface ulcerated. The length of the hand is not augmented.

The left foot is the form of a cube, very thick and apparently shorter than its fellow. The ankle was enormously hypertrophied. The dorsal surface showed signs of old ulcerations. The patient had scoliosis, diminished sensibility and such other trophic changes as stamped it typical scoliosis.

Some authors, he declares, would designate this condition, as acromegalia; or an association of this with syringo-myelia. But, this he thought, was a mistake, because in acromegalia the hands were not involved, are not augmented in volume. In fact, even a casual observation will at once assure one that there is scarcely any intimate relationship between the two.

Acromegalia affects symmetrically all the tissues simultaneously of both extremities; while in syringo-myelia the hypertrophy is habitually unilateral and presents a marked predilection for the hands and fore-arms.

—Revue De Chirurgie, April '94.

A CASE OF INTERSTITIAL TUBAL PREGNANCY TREATED BY ABDOMINAL SECTION.

Lawson Tait: Patient, 38, had had four children, youngest 3 years old. Had menstruated regularly until three months previously, in July, when her period went on for three weeks. Again in August and September it went on for five weeks, and after that she saw nothing. She was attacked with severe pain in the left side

at the end of August, and noticed a lump in the left groin in September, since which time the lump had grown and the pain had steadily increased. When seen October 22 she looked extremely ill, and a large mass occupied the pelvis and bulged up toward the left side. It fluctuated and gave the impression of being imbedded in the broad ligaments, and as if the uterus was spread over the right side of it. It did not extend quite up to the umbilicus. The case was diagnosed as one of suppurating cyst of the broad ligament and immediate operation advised. Upon opening the abdomen Tait saw that the conditions were new to him. The tumor was certainly covered by uterine tissue, and while the uterus could not be discovered independently, it became evident that the tumor consisted of an enlargement of the posterior and upper wall. The mass was punctured just behind the advancing left cornu, but only a little putrid serum was obtained. The opening was enlarged and a large quantity of offensive blood clots and placental and fetal debris turned out.

—Lancet.

REMOVAL OF THE UTERUS FOR SUSPECTED MALIGNANT DISEASE.

Dr. Cordier, quoted in "American Journal of Medical Science," February, 1894, holds that it is better to remove the uterus even when the microscopical evidence of malignant disease is not positive than to wait until the diagnosis has become certain, when the case may become inoperable. His conclusions are:

Cancer of the cervix is nearly always a local disease, which is sure to terminate fatally if allowed to run its usual course. Early extirpation is attended with a low rate of mortality and is curative in a considerable number of cases. Microscopical examination of suspected tissue does not always present the typical appearances of cancer, even when it is present; hence one should not base his decision against operative interference on this criterion alone when there is other strong evidence of existing malignant disease.

—Kansas City Medical Index.

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

NEW RESEARCHES ON GLYCOSURIA.

In diabetic, as in normal dogs, the suppression of the liver functions is constantly followed by diminution of the proportion of sugar in the blood.

In cases of hyperglychemia and of pancreatic glycosuria, the consumption of glucose in the tissues occurs sensibly with the same activity as in cases of normal glycosuria.

Hepatic hyperglychemia always is caused by hypersecretion of glycose by the liver and not by a stoppage or slowing of the destruction of sugar by the tissues. The rapid increase of the proportion of sugar in the general circulation a short time after the re-establishment of the hepatic circulation is a new proof of the importance of this organ in glycogenesis and in the glycochemic function.

THE ACTION OF THE PANCREAS IN THE REGULATION OF THE GLYCOGENIC FUNCTION OF THE LIVER.

When the nerves leading to the liver are cut the effect are different according as to whether the pancreas has or has not been previously removed.

In the latter case the hypoglychemia remains about normal. In the first case hyperglychemia and often glycosuria occurs. These facts show the influence of the pancreatic secretion over the liver. When all the nerve communications between the nerve centres and the liver are cut, the pancreas continues to moderate the glycogenic function. The removal of the pancreas suppresses this governing action and hyperglychemia occurs.

La Prog. Med.—E. W. B.

EXTIRPATION OF THE THYROID GLAND AND URINARY TOXEMIA.

Paul Maisson, after experimenting, publishes the following:

1. Urinary toxemia is raised after thyroidectomy.
2. The curve of toxicity sensibly follows that of the consecutive symptoms.
3. Toxicity is increased considerably at the moment of the epileptic attacks.
4. Inanition constitutes a source of error which tends to diminish the urotoxic coefficient.

5. The milk diet exercises no influence on the appearance or development of the symptoms.

6. The milk diet exercises no influence on the urinary toxicity in dogs deprived of the thyroid, in which acute symptoms are evolving.

The author thinks the experiments confirm those of Laulanie and Gley, and constitute a further argument in favor of the doctrine which teaches that the thyroid body is an organ provided for the destruction of toxic products, which in its absence accumulate in the organism.

Rev. Med.—E. W. B.

MOIST APPLICATIONS IN DISEASES OF THE RESPIRATORY ORGANS.

In the course of all acute and in certain events in chronic diseases of these organs, there is active hyperemia.

The increased blood supply, by its suddenness and intensity, is an important factor in the aggravation of the general and local state of disease.

To combat this revulsive are generally ordered. Gendree finds the permanent envelopment of the chest with moist applications much preferable, especially in children. They diminish dyspnea, overcome elevated temperature and the nervous symptoms dependent on it.

The application may be warm or cold water, applied by a cloth (preferably gauze), sufficiently long to surround the chest two or three times, and covered by a dry towel. The rationale is well understood and need not be quoted.

Rev. Med.—E. W. B.

HEMATURIA AND THE BILHARZIA HEMATOBIA.

Caillet met with a Tunisian subject for ten years to hematuria, for which it was impossible to assign a cause. Microscopic examination of the urine showed the presence of ova and embryos of Bilharzia, which established the diagnosis and the cause.

This observation shows that the bilharzia is not confined to Egypt and the Soudan, but extends to Tunis. The mechanism is due to the accumulation of the trematodes in the vesical veins, determining rupture of these. The treatment is unsatisfactory.

Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., 665 Lexington Ave., New York.

FACIAL PARALYSIS.

This is a common form of paralysis and very frequently comes under electrical treatment. Disease of the ear and exposure to cold are commonest exciting causes. If we except those cases of paralysis of the facial muscles which form part of hemiplegia, the remainder usually depend upon disease of the lower segment—usually in the nerve trunk. The part of the nerve which is generally at fault is that which passes along the fallopian aqueduct. In this part a very little swelling of the nerve or of the walls of the aqueduct is sufficient to cause compression of the nerve fibres.

The reaction of degeneration is likely to be present in a large number of cases of facial palsy. In all but the slightest cases of disease of the facial nerve the faradic reaction disappears within the first ten days, often within the first week.

Facial paralysis yields readily to electrical treatment. The static and faradic forms are well-nigh equally effective. If faradism is applied place the positive electrode over the cervical spine and press the negative upon the nerve trunk in front of the ear. A high tension coil, with a current strength that can be comfortably borne, will be effective.

If neuralgia is present the use of the positive pole, with a mild galvanic current, will give immediate relief, as will also the static breeze.

SOME SURGICAL APPLICATIONS OF ELECTRICITY.

A paper on the above subject was read by Dr. W. J. Herdman before the Northwestern Ohio Medical Society, in which he said: Many of us have been and will be called upon to deal with abnormal growths in the rectum, malignant or benign. These may be of the nature of epithelioma, carcinoma, polypoid, villous, or hemorrhoids. If malignant and advanced resection may afford the only hope of relief.

If seen early, however, I have two sug-

gestions to present regarding the surgical management of rectal growths. One of these relates to a method of exposing the rectal walls by means of a wire speculum and the lithotomy position.

The second suggestion has reference to the manner of removing such growths. In the vast majority of instances it is best to do this by means of electrolysis. To those who are familiar with the physical effects of a constant or galvanic current upon animal tissues this needs no explanation; for those who do not it is sufficient to say that at the points of application to the body of electrodes through which such a current of sufficient strength is passing, decomposition of the tissues takes place.

At the positive electrode oxygen, chlorine and the acids that enter into the composition of the tissues are set free and these chemical agents react upon the tissues in their immediate locality, coagulating their albuminoid constituents and drying and shriveling the parts immediately adjacent.

At the negative pole the alkalis are set free, which liquefy the albuminoids and soften and relax the tissues in their vicinity. Now, these are physical effects, readily controlled and applied, and which are peculiarly serviceable in the destruction of the growths we so often find arising from the rectal and other mucous surfaces. Such growths are often broad at the base; frequently they are extremely vascular and fed by large vessels freely anastomosing; their origin may be inaccessible to knife or ligature by reason of intervening folds of normal mucous membrane; they oftentimes are remote from the surface, thus preventing the operator from using any form of cutting instrument easily, and when he attempts it, the profuse bleeding hides everything from sight; the incision must include a wide margin of normal tissue about the base of the growth, and so, likewise, must the ligature, to be effective, embrace all that is abnormal, and more; the resulting cicatrix from these methods is likely, therefore, to cause stricture or adhesions that seriously impair the result.

Ophthalmology.

Under the Charge of J. A. TENNEY, M. D., 2 Commonwealth Ave., Boston.

PARASITIC CONJUNCTIVITIS.

Dr. Gustave Eisen, of San Francisco, recently reported a disease of the eye not hitherto described, to the Society of Eye, Ear, Nose, and Throat Surgeons, of that city, which report was printed in the American Journal of Ophthalmology. He found the disease prevalent among the people who dwell along the coast of Mexico, and extending into Peru and Chili in South America.

The cause of the disease is a small fly, that alights upon the eyes, and deposits what appears to be an intestinal parasite of the fly. More than one-half of the children in this locality have the disease every year. It runs its course in from six to eight weeks, according to the care taken to keep the eyes clean. It appears that the parasites rarely or never destroy the eyes affected.

The disease commences as a slight redness upon the conjunctiva at the upper and inner corner of the eye. This spreads, until the whole eye is affected. Then muco-purulent ophthalmia occurs, with pain, and severe constitutional disturbance. All the muscles of the body become sore, especially those of the back, arms and legs. The child is stupid, and desires to lie down most of the time. The lids become enormously swollen and everted. Soon, what appears to be particles of flesh, are thrown off, but which are really small worms or filaria, each being about an inch long, when fully developed, and resembling a piece of thread.

Knowing that worms do not thrive in salt water, he applied a solution of sodium chloride to the affected eyes, which had the effect of cutting down the duration of the disease to twenty days. The natives looked upon this result as something wonderful, contrasting it with the usual duration of the complaint.

The doctor was about to return to Mexico, and it will be interesting to learn what effect sulphate of zinc, nitrate of silver, and corrosive sublimate solutions will have upon this most singular affection.

J. A. T.

WEAK SPECTACLES.

Donders taught us that hyperopic astigmatism of less than one dioptré was not pathological. It must be that he was dealing with an exceptional class of people when he made that statement. In America the majority of patients who go to an oculist for relief do not have more than one-half that amount.

But some practitioners here assert that when a patient suffers on account of having half a dioptré of astigmatism ill health lies back of the condition. This we believe to be an error.

An optician in Boston, who is always at his post, and is the picture of robust health, told the writer that if he left off his glasses for two hours he would have a headache. He wore plus cylinders of half a dioptré.

A lady known to the writer went to a noted oculist to have her eyes examined for spectacles. Her eyes were to her a torture. He did not think it necessary at her time of life to use a mydriatic, and put on plus cylinders without it. She went to see him again, told him that her eyes were worse than they were before. He looked upon it as a case of spasm of accommodation, as she could see 20-xx with the glasses, although she could see better with minus cylinders. She finally went to an optician, who put -25 Cyl. before each eye. These lenses gave perfect relief.

Probably she had hyperopic astigmatism with exophoria, which even so weak a glass as that will often relieve surprisingly.

THE TRANSACTIONS OF THE PAN-AMERICAN MEDICAL CONGRESS.

The proceedings of the first Pan-American Medical Congress were compiled by the secretary-general, Dr. Charles A. L. Reed, and transmitted to the Department of State in November, 1893. By recent joint resolution of the Senate and House of Representatives the manuscript was transmitted to Congress, and a concurrent resolution has been adopted directing the Public Printer to print the same. The manuscript is now in the office of the Public Printer, and will be put to press at once under the supervision of the Editorial Committee, of which Professor John Guiteras, of Philadelphia, is the chairman.

Miscellany.

STATE BOARD OF MEDICAL EXAMINERS OF NEW JERSEY.

Office of the Secretary, No. 319 York street.
Jersey City, May 21, 1894.

A special meeting of this board for the examination of candidates desiring to practice medicine in this State will be held in the Capitol, at Trenton, on the third Tuesday of June (the 19th), and it will be the last meeting for the examination of candidates held under our present medical law, as the new law enacted by the recent session of our Legislature goes into effect July 4, 1894. This new law requires all candidates to have a competent common school education, to be graduates in medicine and surgery which they shall have studied at least four years and upon which they shall have taken three full courses of lectures, before they can be admitted to the examination for a license, and then all will be subjected to the same examination; it also empowers the Board to accept, in lieu of an examination, the certificates of other State Examining and Licensing Boards, having similar requirements.

Respectfully,

WM. PERRY WATSON, M. D., Secretary.

It is reported that a Frenchman has invented an electric mosquito bar which electrocutes insects which come in contact with it.

ANNUAL MEETING OF THE PENNSYLVANIA MEDICAL SOCIETY.

The Medical Society of the State of Pennsylvania held its forty-fourth annual session, May 15-17, with the President, Dr. H. G. McCormick, of Williamsport, presiding. There was a large attendance of delegates from the various county societies.

The proceedings were opened with a prayer by the Rev. A. B. Philpott, after which Mayor Stuart was introduced, and, in a few remarks, extended to the delegates a cordial welcome to the city. Philadelphia, he said, was very closely allied to the history of medicine in this country, and for that reason it was very gratifying to have the society meet here. It was in this city, with such men as Benjamin Franklin as corporators, that the first hospital was established. It was here, also, that the first medical school in the United States was instituted and located, as well as the first school of anatomy. Since then, he said,

the city has always maintained a creditable position as a centre of medical learning, not only in the United States but in the world at large.

Then, after alluding to the successful steps taken to wipe out the bogus diploma institutions which years ago existed in this city, the Mayor said the medical profession generally owed a debt of gratitude to the County Medical Society for the active part which it took in that work.

Then, in the name of the people of Philadelphia, the Mayor extended to the delegates a heartfelt and cordial welcome, expressing the hope that the deliberations of the society would advance the material interests of the studies and institutions of medicine, not only in Pennsylvania, but in America generally.

On behalf of the Committee of Arrangements, Dr. E. E. Montgomery, the Chairman, also made an address of welcome. As the Mayor, he said, had welcomed the society from a medical standpoint, it became his province to take the political side, and welcome the members to a new Philadelphia with new streets, from which cobblestones had been banished; a city which has awakened to great possibilities, and which is reaching out in commerce, literature, science and medicine.

The secretary, Dr. William B. Atkinson, presented the report of delegates to the American Medical Association, which met in Milwaukee last year, and followed it with a report of the State Society, showing that the latter now numbers 50 societies in good standing, with 2500 members. All the societies, he said, show a healthy growth, and he suggested that they should urge upon all respectable medical men the advantage of being connected with the local societies.

Dr. G. B. Dunmire, treasurer, reported the receipts for the year, including a balance of \$1012.04 from the previous year, as \$4122.24; the disbursements amounted to \$2123.75, leaving a balance on hand of \$1978.49.

In presenting the report of the Committee on Legislation, Dr. John B. Roberts referred to the passage by the Legislature of the Medical Examiners' bill, and said that the first examination under that law would be held on June 11 next. The Legislature was also petitioned in regard to the enactment of a law in reference to the care of the insane, but it failed in the House.

Dr. S. S. Cohen offered a resolution, which was adopted, placing the State Society on record as opposed to any alteration by the American Medical Association, which meets in California next month, in the Code of Ethics.

The Luzerne County Society sent a protest against the use of the term "allopath" as applied to a regular practitioner.

Dr. Roberts presented a resolution, adopted by the Philadelphia County Society, relative to the Code of Ethics, declaring it derogatory to professional character to dispense or promote the sale of secret nostrums, and directing the trustees of the Journal of the American Medical Association to respect the spirit of the Code of Ethics in the columns of that journal by refusing to advertise such nostrums.

At the opening of the afternoon session the address in surgery was delivered by Dr. G. D. Nutt, of Williamsport, in which he gave a resume of the progress made in that branch of medical science. The mortality in major operations, he said, had been reduced about one-half. The prevention of disease should be the aim of the profession, but in difficult surgical operations success or failure depends greatly upon the action of the general practitioner and the place where the operation is to be performed. Upon the family physician, he said, depended often the success of a case, as he was generally the first to be summoned, and an early consultation on his part was absolutely necessary.

Dr. E. Laplace, of this city, followed, with a paper on the subject of the "Radical Cure of Hernia," in which he recommended an early operation in all incipient cases. The operation, he said, was a perfectly safe one, as it had not been followed by any fatal results.

The rest of the afternoon session was occupied mainly by the reading of scientific papers by Dr. J. C. McAllister, of Driftwood; F. Le Moyné, Pittsburg; J. V. Shoemaker, John B. Deaver, Orville Horwitz and O. H. Allis, of this city.

SECOND DAY.

The address in medicine was delivered by Dr. W. S. Foster, of Pittsburg, who gave a resume of the progress made in medical science during recent years, and in which, he said, medical men take too many suggestions from so-called manufacturing chemists.

Dr. Hildegard H. Longsdorf, of Carlisle, a graduate of the Woman's Medical College, of this city, followed with a most interesting paper on the subject of "Christian Science in Its Relation to the Medical Profession," which was listened to with great interest.

Dr. S. S. Cohen, of this city, then followed with a consideration of the question: "Should the Journal of the American Medical Association be used to promote Quackery?" After referring to the Code of Ethics, which makes it derogatory to the profession to advertise, to hold any patent for an instrument, or to dispense any secret nostrum, as inconsistent with beneficence and professional liberality, he charged that the trustees of the Journal of the American Medical Association advertised secret nostrums, and he thought the society ought to place itself on record on the question by instructing its delegates to the American Medical Association to

use their endeavors to secure the election of trustees who would obey the code and not make themselves and the members of the State Society partners in quackery.

When Dr. Cohen had concluded, Dr. C. H. Thomas offered resolutions indorsing the action taken on the subject by the Philadelphia Society, and instructing the delegates to the American Medical Association to use every honorable endeavor to secure such action as will effectually remove the evils complained of; that, if the Journal cannot be conducted without the advertisements, it had better be discontinued.

After the resolutions had been discussed by Drs. Corson, Jeffries, Roberts and others they were unanimously adopted.

Papers were also presented by Drs. J. M. Baldy, Philadelphia; X. O. Werder, Pittsburg; E. H. Detwiler, Williamsport; Charles H. Thomas, Philadelphia; W. H. Daly, Pittsburg, and Drs. J. M. Anders, J. M. Barton, B. F. Baer, F. X. Dercum, of Philadelphia; Adolph Koenig, of Pittsburg; L. Webster Fox and Dr. S. Mac Cuen Smith, of Philadelphia.

At the opening of the afternoon session the Committee on Nominations announced the following, who were unanimously elected:

President, Dr. John B. Roberts, Philadelphia; first vice president, Dr. S. C. Stewart, of Clearfield County; second vice president, Dr. J. A. Lippincott, Allegheny County; third vice president, Dr. J. H. Wilson, Beaver County; fourth vice president, Dr. R. Armstrong, of Clinton County; secretary, Dr. William B. Atkinson, Philadelphia; assistant secretary, Dr. H. G. Kreutzman, of Franklin County.

Treasurer, Dr. G. B. Dunmire, Philadelphia County.

Members of Judicial Council, Dr. C. L. Stevens, Bradford County; Dr. J. C. Gable, York County; Dr. W. P. Bishop, Dauphin County.

Delegates to the American Medical Association, Drs. J. K. Weaver, Montgomery County; G. H. Vastine, Susquehanna County; L. B. Kline, Columbia County; Kirwin, Luzerne County; J. F. Ross, Clarion; J. W. Hughes, Westmoreland; H. G. Kreutzman, Franklin; William Anderson, Indiana; J. M. Beyer, Jefferson; S. Solis Cohen, E. E. Montgomery and Edward Jackson, Philadelphia; Davis, Montgomery; D. M. Weidman, Berks; J. L. Zeigler, Lancaster; J. P. Simpson, Beaver; J. B. McAllister, Dauphin; S. W. Woodburn, Bradford; J. P. Getter, Mifflin; R. B. Hammer, Westmoreland; W. G. Gifford, Chester, and J. C. McAllister, of Montgomery County.

Delegates to New York State Medical Society, Dr. T. W. Graff, Montgomery County; New Jersey Society, Dr. C. A. Rather, Dauphin County; Maryland Society, Drs. A. C. Wentz, of York County, and G. R. Koons, of Cumberland County.

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Original.

THE "WILL O' THE WISPS" OF MEDICINE.

BY LOUIS LEWIS, M. D.

It is curious to contemplate the vicissitudes of some of our remedial agents and measures; how they bound from obscurity to fame, and vice versa, as they come "ricocheting" along the plane of time. In like manner many antiquated notions concerning diagnosis return, subside, and come to the fore again. The treatment of disease by hypnotism, venesection, transfusion, and other methods is nearly as old as the hills, but has repeatedly fluctuated between favor and abuse.

Hypnotism dates from very early times, but was first seriously investigated by Mesmer, in the beginning of this century. Soon it fell into ridicule, and passed into the hands of jugglers and necromancers; to be professionally revived in 1825 by Elliotson, a learned English physician. More recently, Braid, Heidenpain and Charcot have been notably instrumental in placing it on a scientific basis in England, Germany and France; and the fact that its practice in these countries has been prohibited, excepting by physicians, shows that it now holds some position in the treatment of disease. Insomnia, hysteria, neuralgia, alcoholism, morphinism, and the pain of other functional disorders have undoubtedly yielded to its subtle influence.

Operations for the abstraction of blood and its restitution were both in vogue centuries ago, and have meandered in and out of medical practice ever since. The removal of blood by venesection was the stereotyped treatment of all sorts of fevers and inflammations, and the surgeon or "chirurgion" was commonly alluded to under the undignified title of the leech; or the performance of the operation was rele-

gated to the barber. Then Todd, of London, and later on, Gaudier, tabooed the lancet, and replaced it with alcohol, the former averring that our duty was to renew life and not to weaken it. And to-day Sir B. W. Richardson and other authorities favor bleeding, and deprecate the use of alcohol in typhoid and other fevers. Nevertheless, for a long time bleeding has been practically abandoned, excepting in unusual instances, though it certainly deserves a better fate.

"For the blood is the life"—when it is good and pure; but when the vessels are freighted with a poisonous cargo (as in uremia, for instance), the blood is a fruitful cause of death. And when it is in excess or accumulated in one spot, the danger is not much less. Where there is over-distension of the blood vessels, and consequently of the heart, in many cases of cerebral hemorrhage, cardiac dyspepsia, puerperal eclampsia, uremic convulsions, congestive amenorrhea, pulmonary apoplexy and acute inflammations, its employment is rational, and there are signs that venesection will eventually regain a legitimate place among curative measures. King George IV was bled to the extent of forty ounces for the relief of a pulmonary congestion, and it was so beneficial that the operation was soon after repeated. But the Georges were all "two-bottle" men, and their blood was well mixed with port wine! Myrtle and olive leaves were employed as puncturers by the ancients, and, in the days of Celsus, an instrument called a scalpellus.

The restitution of blood by transfusion is also of remote date. It was practiced on Pope Innocent VIII in 1492 by a Jewish practitioner, but was soon after interdicted by the clergy, until reintroduced into practice by Dr. Lower, and again by Blundell. To-day it is an estab-

lished and invaluable expedient especially in urgent prostration from uterine and other hemorrhages, and in pathological conditions wherein the blood is so altered in quantity and quality that it is unfitted for its physiological work.

Inoculation for smallpox was known in the East as far back as the eleventh century, and, in 1717, Lady Mary Wortley Montagu described the operation of "ingrafting," as then performed in Adrianople. Old women inserted the virus into several veins of the arms, legs and breast, sometimes in the forehead, with a large-charged needle. Then came Jenner, who first vaccinated in 1796, and whose example was at once followed in America by Waterhouse, of Cambridge, Mass. Now its employment is all but universal, and its prophylactic value is beyond dispute, though there are still many who look on it without favor.

Music was used as a hypnotic remedy by our forefathers, and is frequently quoted in Shakespeare's plays as an acknowledged help in the management of the insane. It is now being resuscitated in some asylums as an adjunct to the regular treatment. Soft, monotonous melodies will undoubtedly incite sleep; lively, martial music will distract the mind from pain or fear, and the victims of nostalgia who are on the borderland of melancholia are easily moved to tears, and sometimes terribly exercised on hearing the strains of their national air. The Kreutzer Sonata of Tolstoi can hardly be cited as an example of the beneficial effects of music; but an agent that can excite the soul to rage and lull the passions to rest, banish melancholy and charm cares away, alter the heart's action and the force of the circulation, may certainly be credited with some influence over emotional insanity and the nervous system in general.

Obstruction of the heart and its vessels by clots was formerly credited to the presence of polypi; until, as far back as 1684, a Dr. Gould accurately described as fibrinous concretions, though he could suggest no satisfactory treatment. Now, they are well understood as cases of thrombosis and embolism, and are often successfully combated by rest and the persistent administration of ammonia, to maintain an alkaline condition of the blood.

Diseases of the eye are now treated with precision and success, especially

since the introduction of the ophthalmoscope and the investigations of Von Graefe. Previous to the eighteenth century, eye diseases were little studied, and the specialty was in abeyance for a long period. Yet the Greeks and ancient Egyptians were quite famous for their knowledge and skill in this direction, and their accounts of some diseases incidental to the eye are in accord with the views of to-day.

The vaginal speculum is an instrument of great antiquity, but its use was frowned down for a long time. Among other surgical paraphernalia and appliances unearthed in the ruins of Pompeii, the speculum was found in various shapes and sizes; and now it is an altogether indispensable help.

John Hunter, in 1794, divided tendons under the skin of animals, in order to study the processes of reunion. From this, surgeons have evolved the many useful operations known under the name of subcutaneous surgery.

I have referred to these agents, hypnotism, venesection, transfusion, etc., under the title of "Will o' the Wisps," not because they have not their legitimate uses, but because they have all been vaunted from time to time as such amazing remedies, and their capabilities have been so foolishly exaggerated that they have had a strong tendency—like the "ignis fatuus"—to mislead. But we are now sifting the corn from the chaff, and have already found many practical applications of these methods to the treatment of disease.

THE SURGICAL SECTION OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Meeting of April 13, 1894.

RADICAL OPERATION FOR CONGENITAL HYDROCELE IN AN ADULT.

Dr. Thomas S. K. Morton presented a man, aged 20 years, upon whom he had operated six weeks previously for congenital hydrocele of the tunica vaginalis testis. Incision and ligature of the neck of the sac, with subsequent packing with iodoform gauze, was the method of treatment adopted.

The symptoms were: Large fluid distention of the right tunica vaginalis; pain and sense of weight; disappearance of the fluid over night and upon prolonged pressure of the scrotum, to-

gether with profound melancholy incident to the patient considering himself subject to serious disease of the sexual apparatus.

He was etherized and a four-inch incision made in the scrotum and sac. A probe could then be passed upward through the patulous, but very small calibred unobliterated funicular process into the abdominal cavity. A curved needle armed with strong chromicized catgut was passed through the tissues surrounding this sinus beneath the tunic, avoiding the vas deferens and spermatic vessels, and brought out at the point of entrance.

When the ligature was tied down tight an effectual approximation of the neck of the sac at the external ring was secured, and all communication with the peritoneal cavity cut off. The sac was then carefully searched for fibrous or other bodies; none being found, the cavity of the tunic was lightly stuffed with iodoform gauze after its edges had been sewn to the skin margins of the wound by a continuous suture.

The packing was renewed every two days. He arose in five days and returned to work, wearing simply a pad of bichloride cotton held in place by a suspensory bandage, in ten days. The wound finally closed, under stimulation by twenty grains nitrate of silver solution, within three weeks. The result, as demonstrated by the patient to the section, was perfect, and the man had returned also to a normal mental condition.

PICKAXE WOUND OF BRAIN.

Dr. John B. Roberts presented a patient who had recovered from a pickaxe wound of the brain, and said:

"The man was brought to me at the Polyclinic Hospital with a small wound of the skull through which brain substance oozed. He had been struck with a pickaxe shortly before admission to the hospital. Within an hour and a half of the injury I laid open the skull, and found pieces of bones driven into the brain. I used the mallet and chisel to cut away the edge of the fracture, and with the forceps removed the fragments of bone from the brain tissue. My finger passed nearly an inch down into the brain structure, which was soft. I then washed away, with a stream of bichloride solution, the soft brain tissue. As there was a good deal of ooz-

ing from the pia I stuffed a small piece of gauze into the wound to make a little pressure, sewed up the scalp wound at the ends, but allowed the gauze to stick out at the centre. The patient had union by first intention where the edges were sewn together; and second intention where the wound had been kept open by the gauze, which was removed at the end of twenty-four hours. At the present time the wound is healed and the man well. The pulsation of the brain can be seen where the bony wall is absent. It is four weeks since the accident. If trephining had not been done I believe the man would have died of cerebral abscess."

MISPLACED TESTICLE RESTORED TO ITS PROPER POSITION.

Dr. Edward Martin presented a case of "Misplaced Testicle," the patient being a boy aged nine years. He had the testicle normally descended on the left side, but on the right side it had gone into the perineum, lying an inch in front of the anus. It was freely movable and normal in size. The difficulty, of course, was that from its false position the gland was exposed to traumatism. The boy had already suffered one attack of acute orchitis. The history of these cases of misplaced testicle shows that the gland is at first entirely normal in structure and development; but that it finally, simply from chronic inflammation incident to repeated slight injuries, atrophies and becomes useless; hence the great importance of shifting the still normal testicle to its proper protected position.

The only method to be considered in this case was a free incision, division of adhesions, and replacement. The testicle was cut down upon. The cord was dissected free, some dense fibrous bands passing backward toward the anus and being adherent to the epididymis were cut, an opening was made in the tissue of the scrotum, and the testicle was secured in its proper position by two stitches passing through the lower part of the vaginal tunic and the inner skin surface of the base of the scrotum. The long wound was united in a cross direction, thus deepening the scrotal sac. The wound healed without suppuration, and the testicles lie in a perfectly normal position.

The boy is now perfectly well and able to ride a bicycle without discomfort.

PARALYSIS OF LONG RESPIRATORY NERVE OF BELL.

Dr. Martin also reported a case of paralysis of the long respiratory nerve following typhoid fever. During the fourth week of convalescence from typhoid fever it was noticed that the angle of the right scapula became very prominent. This was diagnosed as a dislocation of the scapula—that is, a slipping of the lower angle of the scapula over the fibres of the latissimus dorsi muscle.

On examination it was at once apparent that the serratus magnus was palsied. In addition to its respiratory functions the serratus magnus is directly concerned in the movements of the shoulder. By its tonic contraction it holds the scapula, especially its lower angle, closely applied to the chest, and when thrown into full action rocks this bone outward, thus enabling the arm to be carried upward. The deltoid can lift the arm out and up till it is held at right angles to the long axis of the body; the rocking of the scapula by the serratus carries the arm up. Inability to raise the arm higher than the shoulder was well marked in this case. Under treatment by massage and electricity the patient has recovered in a great measure. He is not absolutely cured, but the outlook is good, as I believe it is in the majority of these cases of neuritis after typhoid fever. The photographs show very perfectly both the disability and the wing-like projection of the shoulder-blade.

GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

Dr. George H. Rohe read the following paper upon "Hematoma of the Ovary:"

Abdominal surgeons not infrequently find in extirpated ovaries small blood clots, varying in size from a pea to a hazelnut. The nature of these clots seems not very clearly understood. In most cases they are believed to be due to excessive hemorrhage into the Graafian follicle after rupture, and the escape of the ovule. This view seems to me not tenable, because in not a few instances no rupture of the follicle has occurred. Besides, the corpus luteum, the successor of the ovule in the occupancy of the Graafian follicle, frequently contains no blood. Indeed, the rule seems not irrational that hematoma of the ovary, no matter how small it may be, should al-

ways be regarded as a pathological formation, having no essential connection with the physiological process of ovulation. In such a specimen as that here shown, in which the blood—as that here shown, in which the blood-clot in the fresh state of the specimen was as large as a small chestnut, we have to deal with a pathological condition. The specimen is from a case of hystero-epilepsy of over eight years' duration in which both ovaries and tubes were removed by abdominal section in 1891. The patient recovered, and has had no recurrence of the epileptic attacks for over two years. Ovaries presenting this appearance are not rarely seen in abdominal section. I am informed that some surgeons simply extirpate the hematoma, stitch up the wound in the ovary, and drop the organ back into the pelvis. I may be permitted to express doubt whether any good purpose is served by this so-called "conservative" surgery. In all cases of this kind that have come under my notice there were either adhesions or displacements of the ovaries, which are among the recognized indications for removal of these organs. Dr. B. F. Baer, who is known as a very careful and conservative surgeon, says in reference to these cases*: "Diseased ovaries, when due to hemorrhage into the Graafian follicles to such an extent as to produce the condition known as ovarian hematoma, should be removed. They cause intense suffering and there is no other means of relief."

Dr. Mary A. Dixon Jones, of Brooklyn, and Dr. Francis Foerster are of opinion that hematoma of the ovary is preceded by conditions termed by them "gyroma" and "endothelioma." Indeed the latter writer, basing his opinion upon somewhat extended microscopical study of ovaries, normal and pathological, claims that "what previously was called a corpus luteum is invariably an endothelioma." That the corpus luteum is an endothelial structure may be accepted without dispute; that it should be called by a name heretofore applied to a malignant new formation, or that the consequence attributed by Foerster to this body hitherto considered so innocent, really follow in many cases is I think, open to grave doubt. Chronic oophoritis and peri-oophoritis, end-arteritis and sclerosis are mentioned as histological findings, and pain and distress as clinical manifestations due to ovaries undergoing these morbid changes.

Dr. Foerster connects the corpora lutea with the production of hematomata as follows: "In my own experience a large number of so-called corpora lutea of menstruation are endotheliomata of a pathological type. They grow under the influence of a chronic oophoritis without coming to a typical end, or gradually increasing in bulk and frequently leading to the formation of hematoma under incessant local and constitutional trouble.

It will, I think, be generally conceded

*Proceedings Philadelphia Obstetrical Society, June 12, 1892.

that a hemorrhage into an ovation follicle, or into ovarian stroma does not take place when the ovary, or the blood-vessels preserve their normal structural integrity. Some nutritional change must have preceded the hemorrhage. It is most reasonable to believe that this change is in the blood-vessels of the ovary. Whether this nutritional disturbance is due to new-formations properly dignified by the names "gyroma" and "endothelioma," or whether it is simply the result of chronic inflammation is a question that must be referred to the pathologists for further investigation. Rollin*, who has recently made a study of ovarian hematomata, gives chronic oophoritis as a local condition antedating the hemorrhage.

While the occurrence of small collections of blood in the Graafian follicles, and minute extravasations in the ovarian stroma is not infrequent, the cases of stroma is not infrequent, the cases of so-called ovarian apoplexy, where the entire ovary is converted into a blood-cyst, varying from a billiard-ball to a fetal head in size, are much more rare. The case presently to be related shows, however, that there is no essential difference between the two classes of cases.

The case referred to is as follows:

E. L., born in United States, white, aged 21 years, single, was admitted to the Maryland Hospital for the Insane November 18, 1893. Until a month before admission there had been no mental disturbance beyond hysterical attacks of varying severity, sometimes accompanied by convulsions. Her disposition was usually amiable, although she was of rather unstable temper. Her habits were always industrious. So far as was ascertained, there was no hereditary predisposition to insanity. The hysterical outbreaks were usually coincident with the menstrual periods, and have only been present for the past four or five years. Up to a year ago her physical condition was very good, but for three she has suffered with a good deal of pain during the catamenia. About a year ago she consulted a gynecologist, under whose care she remained for several months, with apparent improvement. During the last three or four weeks before admission a great change in her behavior was noticed. She became exalted, talkative, silly in conversation and action. When admitted she carried a large doll, which she caressed and talked to in a childish manner. She was neat and cleanly in dress and habits and never noisy or maniacal. No apparent sexual excitement. At the end of two weeks she had lost all her delusions and was apparently restored to her normal mental condition. At the approach of the next menstrual period she became hysterical, had several convulsions, foamed at the mouth, screamed, or lay with eyes staring or closed. Reflexes normal. During these attacks she was unquestionably conscious of what was going on around her. One evening she set fire

to her clothing, but the fire was promptly extinguished, and only a slight superficial reddening of small areas of the skin was produced. No serious results followed this attempt at self-destruction.

After the period was over, her normal mental condition returned, but she did not improve physically. She lost appetite, had nausea, and became thin and anaemic.

The pains in the iliac region persisted and became especially severe on the left side. Occipital headache, rhachialgia and pains in the limbs, with attacks of nausea and vomiting were also present.

On January 18, 1894, a vaginal examination demonstrated an elastic swelling behind and to the left of the uterus, which was exquisitely sensitive to the touch. To the right there appeared to be an enlarged and prolapsed ovary. The uterus was adherent posteriorly, but somewhat movable.

The clinical diagnosis of adherent uterus, prolapsed ovary on the right and cystic ovary or ovarian abscess on the left side, was made, and an operation for the result of these conditions recommended to her, and her consent readily obtained. Inasmuch as she was and had been for some weeks entirely rational her own consent was considered sufficient authority to proceed.

Abdominal section was done on Jan. 28, 1894. Passing two fingers through the incision down to the fundus uteri this was found adherent, the tubes and ovaries on both sides being also bound down by adhesions. After carefully separating the latter, the right ovary, enlarged to the size of an English walnut was brought up, ligated together with the thickened tube close to the uterus, and removed. In place of the left ovary was a cystic tumor as large as a mandarin orange, which ruptured as it was brought out of the abdominal wound, and discharged a lot of softly-conglobated blood. My first thought was of an ectopic pregnancy, but as an examination of the specimen will show this was a mistake and an unjust suspicion. After the tube and remains of the cyst were ligated and removed, the peritoneal cavity was flushed out with hot, distilled water, and the abdominal wound closed with silk-worm gut sutures. No drainage.

The subsequent course was uneventful, except that on the second day the temperature rose to 101 degrees F., and the pulse to 102. After a purgative enema of magnesium sulphate and glycerine, this slight disturbance vanished.

The stitches were removed on the seventh day and the wound was found dry and thoroughly united. Patient out of bed on the 21st day.

Since the operation the patient has suffered no pain, is cheerful and industrious, not hysterical and has gained flesh. Her mental condition apparently normal. The patient was discharged entirely recovered, March 15, 1894.

The walls of the blood cyst are apparently composed of ovarian stroma;

*Des Hemorrhagies de L'Ovarie, Paris, 1889. Frommel's Jahrbuchbericht, 1889.

the tube is somewhat thickened, but contains no pus. The right ovary on section shows two blood-clots about the size of hazelnuts, apparently occupying unruptured Graafian follicles. This case seems to show on the two sides examples of two forms of ovarian hematoma, which are, however, rarely associated in the same individual. If any conclusion can be drawn from a single case, it is that the rather common follicular hematoma, and the infrequent ovarian apoplexy are identical in origin.

Winckel (1) refers to three cases of follicular hemorrhage into the ovaries after severe burns. The burn which my patient received about a month before the operation might be considered suggestive, if it had been more serious. The firm adhesions were, however, evidence of a longer duration, at least of the local inflammatory condition.

Of the more recent cases reported is one by Doran in Vol. 32 of the Transactions of the London Obstetrical Society. Doran considered it a hemorrhage into the ovarian stroma from rupture of a follicle. The cyst-wall was one-eighth of an inch thick and consisted of ovarian stroma. Dr. Munde (2) briefly reports a case of hematoma of both ovaries, one being the size of an orange, and the other of a hen's egg. Dr. E. E. Montgomery (3) in commenting on this case refers to a similar one under his observation. Duncan (4) reports a case in which there was hematoalpinx in connection with the ovarian hematoma. The history of the case suggests ectopic pregnancy, which seems, however, to have been excluded.

I am reminded here of a case which I saw about twelve years ago in the service of the late Dr. A. F. Erich, at the Maryland Woman's Hospital. The patient was a white, single woman, 35 years of age. The tumor, supposed to be an ovarian cystoma, was about the size of a fetal head and when brought to the abdominal incision and tapped with the trocar, thick, black blood was evacuated. The patient died of purulent peritonitis about the fifth day, and at the autopsy a perforation of the rectum was found. How this was produced could not be cleared up. It may have been torn through in separating adhesions. A number of apparently similar cases in which the cyst ruptured and caused death from septic peritonitis are recorded by Bernutz and Goupil, but most of these were probably cases of extra uterine pregnancy.

An ovarian hematoma may rupture and give rise to a pelvic hematocele. In other cases the bleeding may continue and the patient die of hemorrhage. The most serious danger from rupture is, however, peritonitis and sepsis. I am informed by Dr. Joseph Price that the contents of an ovarian hematoma are usually exceedingly virulent and liable to cause septic peritonitis if the blood

cyst is allowed to rupture within the peritoneal cavity.

The diagnosis of ovarian hematoma cannot be definitely made before abdominal section. Even when rupture occurs and a hematocele is formed, the diagnosis rests between several conditions, often differentiated with the greatest difficulty, even after operation.

The only rationally indicated procedure is removal of the affected organ by abdominal section.

DISCUSSION.

Dr. Ashby—I have had some specimens of marked hematoma of the ovary. Clinically these patients complain of much more pain than from other diseases. Most of these cases have been complicated with pelvic peritonitis. If the clinical history indicated violent dysmenorrhoea the ovaries should be removed.

Dr. Neale asked if it be necessary to remove the organ for these small clots.

Dr. William S. Gardner—I wish to notice briefly a few points concerning which Dr. Rohe makes statements that are at variance with what I believe.

In speaking of the pathology of hematoma the essayist presumes that they are caused by diseased blood-vessels but admits that reliable pathologists have not settled this as a fact. Nevertheless, he proceeds as if it were a fact and advocates the complete removal of all ovaries that have even a small hematoma in them. In this he ignores some of the best work of the last six years. Martin alone has done twenty-seven operations in which after completely removing one ovary he resected the other ovary on account of small cysts or hematomae. Twenty-four of these patients were completely cured without further treatment; they did not have to suffer the torments of the artificial menopause; they did not lose their sexual feeling; they were not rendered sterile; eight of the twenty-four bore children.

In another place Dr. Rohe makes the statement that hematomae are frequently found associated with "adhesions or displacements of the ovaries which are among the recognized indications for removal of these organs." These statements are both true, but "recognized indications" are not necessarily correct indications; if they were, all progress would stop. Polk has demonstrated beyond a doubt that these cases can be cured without the removal of the appendages. By Polk's method are these patients not only relieved of their pain, but they retain all their functions as women.

I do not wish to be understood as objecting to the removal of ovaries hopelessly disorganized either by hematoma or other process of disease, but it should be remembered that according to the testimony of Goodell, Glavaecke, Keith, and many other authorities that the complete removal of the ovaries not only does not cure many cases of mental diseases, but that it actually causes a considerable number. Frequent as are these mental disturbances, they are

(1) *Frauen Krankheiten*, (2 Aufl. p. 700.
(2) *American Journal of Obstetrics*, June, 1890, p. 638.
(3) *Sajous' Annual*, 1891, H. G. 46.
(4) *Ibid.*, 1893, H. G. 5.

among the minor evils resulting from the complete loss of both ovaries. The loss of sexual sense; the loss of the possibility of reproduction, and the multitude of discomforts of the artificial menopause, combine to make the life of many of these patients utterly miserable. I have upon my records the histories of patients operated upon by almost every operator in this city, who have come to me with the complaints of their post-operative condition; and only too many of these patients have said that if they had known what they would have to suffer they would have preferred to keep both their ovaries and their pains. I make these statements only to remind those gentlemen who seem to forget it that when a woman's ovaries are removed she is not yet freed from all the ills that may burden her existence.

Book Notes.

MODIFICATIONS DU TRAUX DE L'UREE DANS L'URINE, ETC., PAR LE DR. JUSTIN CHAMPIONNIERE. PUBLISHED BY A. COCCOZ, PARIS.

The author's monograph opens with a resume on the influence of diet, occupation, etc., on the secretion and constituents of the urine; and, then he proceeds to consider the importance of repeated and precise quantitative and qualitative analysis, for purposes of diagnosis and prognosis, both before and after operations. The elements which he alleges should receive our closest attention are the line and urea.

He lays great stress of a marked deficiency of the urates as strongly presumptive evidence of malignancy in an ill-defined growth. The author, like his eminent brother, wields a trenchant pen; and, like most French savants, has a happy faculty of expressing his ideas in clear, expressive terms.

T. H. M.

SUR LA CURE RADICALE DES HERNIES: SERIE NOUVELLE DE 116 CAS COMPLETEMENT UN TOTAL DE 391 CAS PAR LE DR. LUCAS CHAMPIONNIERE. PUBLISHED BY A. COCCOZ, PARIS.

This compilation of the author is practically a continuation of his recent mon-

ograph. He reports an addition of 116 fresh cases operated on since his statistical table was published, about three years ago.

His cases embraced various types of hernia; the inguinal preponderating, there being 94, eighty-seven males and seven females. There were three eventuations, four umbilical and five epigastric.

The author regards every type of hernia as operable, except those in the very old, or in broken health.

Very naturally he praises his own operation—or that plan which he has revived—in preference to all others.

In young children he tells us that he sees, seldom, any relapses after operation. It certainly is remarkable how any honest, experienced surgeon can recommend operations for rupture in children, unless complications are present or strangulation is threatened; nor, how he can even convince himself that any sort of operation will cure all herniae, for every one knows that they all fall far short of this, and indeed unless the parts are kept well braced up, with few exceptions, they relapse. Nevertheless, there are several valuable suggestions in this brief essay of interest and value to the surgeon, and we are confident every practitioner will read it with interest and advantage.

DE L'HYDROPNEPHROSE INTERMITTANTE PAR LUCAS CHAMPIONNIERE, PARIS. PUBLISHED BY A. COCCOZ.

The above author in a short, but highly practical brochure, sets forth the more available means of diagnosing this pathological condition. He says that it is a condition much more common than is generally supposed, and in support of this notes the 70 cases reported by Terrier, Baudoin and Tulpins.

In twenty-eight cases 22 were females. In all it affected the right kidney.

The symptomatology is described with great fullness and the various measures of treatment are briefly considered. There is no hint, however, of a possible nephrocytic anastomosis being yet a practical procedure, for in total occlusion the nephrectomy is still the dernier resort.

T. H. M.

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THE PROPER HOURS OF SLEEP.

It has been stated that the normal length of animal life is five times the period taken to reach adult life. This is not true of man, however, who rarely attains an age four times the period taken for his full maturity.

We might argue with some sense of truth that man overworks himself by not observing the laws of Nature in regard to sleep.

Should a man retire to rest as the darkness draws on, and rise with the early light, there is no doubt that the nerve depression caused by overtaxation of the system under forced light (artificial) would be much lessened.

The London Lancet lately commented on the proper hours of sleep in the following admirable manner:

"Man, in common with most of the animal creation, has accepted the plain suggestion of nature that the approach of night should imply a cessation of effort. If he ignores this principle his work is done against inherited habit, and, so far, with additional fatigue. It follows, too, that he must use artificial light and sustain its combustion at the

cost of his own atmosphere. Naturally, therefore, when he does rest, his relief is not proportioned to his weariness. As in many cases, however, sensation is not here the most reliable guide to judicious practice. Established custom affords a far truer indication of the method most compatible with healthy existence. The case of the overworked and the invalid lends but a deceptive color to the argument of the daylight sleeper. In them excessive waste tissue must be made good, and sleep, always too scanty, is at any time useful for this purpose. For the healthy majority, however, the old custom of early rest and early waking is certain to prove in future—as returns of longevity and common experience alike show that it has proved in the past—most conducive to health and active life."

INFANTILE SCURVY.

In the May 26th issue of the "New York Medical Journal" Northrup and Crandall give an interesting detailed description of the causes and treatment of scorbutus in infants. They show that the exclusive use of prepared foods or of evaporated (condensed) milk tends to scurvy in infants. Sterilized milk is said to have the same causative tendency when carried habitually to an excess of boiling temperature. Pasteurization does not tend to produce the disease.

This trouble seems to occur more among the rich and better classes, and unhygienic surroundings do not of themselves tend to produce it.

The brand of proprietary food does not seem to make any difference as a causative factor of scurvy, but a few weeks' treatment on top-milk and orange juice generally suffices for a cure.

Our personal experiences with proprietary foods are that when they are used with good milk scurvy does not exist. When used entirely alone the disease sometimes appears.

One of the best methods of feeding infants from 6 to 18 months of age is the employment of cream, diluted two-thirds, one-half or one-third with water, according to age, and to which a little lime water and sugar has been added, the whole Pasteurized by raising the mixture to 167 degrees temperature for a half-hour. This can be effectively kept in well-stopped bottles, during the

summer season, if small-sized bottles are used—bottles just large enough to hold one feeding for an infant, which, of course, varies with the age of the infant.

The conclusions reached in the excellent article on this subject were as follows:

1. Scurvy may appear at any period of infancy or early childhood, but is most common between the ninth and fourteenth months.

2. The lesions are hemorrhagic in character, due probably to diapedesis. The most characteristic are subperiosteal hemorrhages. Hemorrhages into the muscular tissues, into the skin, and mucous membranes are more or less constant.

3. It occurs in every grade of the social scale, but is more frequent among the rich than among the poor. The neglected child who eats everything at the table may become rachitic or marasmic, but obtains enough fresh food to protect him from scurvy. It very rarely occurs in asylums and hospitals, because in recent years feeding in such institutions has been more rational than in many private families.

4. Lack of fresh food is the most important cause. The use of the proprietary foods and condensed milk produces more scurvy than all other causes combined. Even fresh milk in small proportions is not sufficient to insure protection.

5. Anemia and malnutrition are almost invariably present; a peculiar sallow complexion is common.

6. Scurvy is frequently superadded to rachitis, but in a considerable number of cases no evidences of rachitis are present. So-called acute rickets is in most cases, probably in all, rickets complicated by scurvy.

7. Pain is a constant symptom; it develops early and is usually intense.

8. A varying degree of immobility of the extremities is common, and is frequently so marked as to simulate paralysis. This pseudo-paralysis disappears with the subsidence of the scorbutic symptoms.

9. Subcutaneous hemorrhages, as well as hemorrhages from the cavities of the body, are very common, but are not necessary to a diagnosis of scurvy.

10. The condition of the gums is characteristic. They are purplish, soft, spongy, and bleeding, and frequently show decided ulcerations. When the

teeth have not been erupted, changes in the gums are usually slight or entirely absent.

11. Painful swelling of the lower extremities is the most constant symptom; the upper extremities are rarely involved. The thigh is affected more frequently than any other region.

12. Children suffering from scurvy commonly present the following symptoms: Anemia, intense pain on motion, spongy and bleeding gums, swelling of the lower extremities, usually at the thigh. There may also be purpura or ecchymoses, discharge of blood from the various cavities of the body, and pseudo-paralysis.

13. Scurvy, when untreated, is a very fatal disease; when recognized and properly treated, a rapid and complete cure is usually effected. The result of antiscorbutic treatment is, in fact, one of the most certain means of diagnosis.

14. Scurvy may be mistaken for rheumatism, stomatitis, rickets, sarcoma, osteitis and infantile paralysis.

15. Scurvy is a dietetic disease and must be cured by dietetic treatment. Fresh milk, beef juice and orange juice are the most effective remedies.

SUPPURATING SINUSES AND BRONCHIAL CLEFTS.

Perhaps there is no class of pathological conditions which, in themselves, are more harmless to life and general health and, yet, are a source of more inconvenience or anxiety than those open passages in the tissues clinically designated sinuses or fistulae.

The greater part of them are seen in adult life only, and have for their origin tuberculous disease of bone, while the most of so-called fistulae have some connection with the alimentary canal and may lead from any organ.

One common characteristic of both these types is that they have diverticula, and that these fill and discharge intermittently.

Some rare types of them are of congenital origin and are directly continuous with the mucous membrane of the alimentary canal, most commonly with the buccal cavity or the pharynx, while not a few have their origin in the lower or middle third of the rectum.

Occasionally they pursue such a long, deep, and tortuous course that their ob-

literation by dissection may be attended with great difficulty.

The most important feature in connection with fistulae is their etiology. Their exact diagnosis opens the way to a ready and radical cure.

Irritating or caustic injections may destroy the epithelial lining of certain types, and close them for a time, but the cure is a most delusive one, as the sinuses are most certain to reoccur.

Of course, no one will pretend that any permanent relief can be guaranteed in extensive bone disease, or when the patient is incurably ill with pulmonary tuberculosis.

When these sinuses are recent, and their formation is attended with acute symptoms in a person of vigorous health, if they are kept clean, and with administration of appropriate remedies for the general system, often they will close themselves. This is particularly true in sinuses from tuberculous bone, when good food and hygiene will affect a cure more radical, and with less danger to life, than any procedure involving the loss of blood.

Correspondence.

Editor of "Times and Register:"—Please publish full information in regard to examinations for entrance into army, navy or marine hospital. Please give address of leading men of both army, navy and marine hospital. Which is the most pleasant work. Where would I have to apply for examination.

SUBSCRIBER, Gatesville, Tex.

(Write the Bureau of Medicine and Surgery, Navy Department, at Washington, D. C.

Ed.)

PRURITUS VULVA.

Believing it will be of interest to your many readers to follow the successful treatment of a very bad case of this hitherto troublesome condition, I submit the following: Mrs. C.; married, no children, one miscarriage several years ago, moved to the section of the city where I live, at the instigation of a lady friend, to put herself under my care. A more nervous, distressed, miserable woman I never saw. She was in constant misery from pelvic pains and terrible itching of vulva and adjacent parts. Her hands were often tied behind her back at night to prevent her tearing herself when asleep. No examination of the parts other than ocular inspection could

be made and these looked as you would expect under the circumstances. I slipped a suppository into the vagina, which I find very valuable, containing glycerine and boracic acid, some thirty grains each,* gave an ointment of calomel (grains xxx) to lard (ounce 1), to be smeared over the parts often, and one granule of Buckley's uterine tonic (helonin, macrotin and caulophyllin, aa gr. 1-6 with hyoscyamine gr. 1-250) every three hours, with sedlitz salt for constipation, which was quite marked. In two days there was some improvement, much oozing had been set up by the suppository, pains were less, and itching markedly relieved. Another suppository was introduced and the other treatment continued.

At her next visit there was so much improvement that with some difficulty a vaginal examination was made and the uterus found badly inflamed and retroverted. No attempt was made to correct the misplacement at the time. The above treatment was continued two weeks with so much benefit that I ventured to elevate the uterus and support it with a wool tampon, using with this a tablet suppository containing aqueous extract of white oak bark, sulpho-carbolate of zinc and boracic acid.* instructed my patient to withdraw the tampon in twenty-four hours, use a hot douche at night and insert one of the "depleting and antiseptic" suppositories mentioned above. This was done and improvement was very marked at her next visit.

The menstrual period being at hand I suspended local treatment and supported the uterus with a soft ring pessary. This period was passed with a better condition of the flow, which before had been dark and scanty, and almost no pain, instead of the agony which had been experienced previously. I omitted to say that my patient had been in this condition for years, during which time she had been under the care of various physicians whose treatment, lacking the soothing antiseptic qualities of the above, had been worse than useless. She had been told that nothing but an "operation" would help her; what that could have been is more than I can conceive.

The above treatment with slight modifications has been kept up for three months, and yesterday I discharged my patient cured. Her uterus is in normal position, her vagina and vulva healthy and I see no reason why the great desire of her life (to bear children) may not be successfully accomplished. She was given a box of the depleting and antiseptic suppositories with instructions to use one twice a month—a week apart and one week removed from her menstrual period (which we confidently hope will soon disappear for a limited season)—and a bottle of "sedlitz salt"—granular effervescent magnesia sulphate—which she said she could not get along without.

W. C. ABBOTT, M. D.

Ravenswood P. O., Chicago, Ill.

*These suppositories are made by the Abbott Alkaloidal Co.

Surgery.

Under the charge of T. H. MANLEY, M. D., 302 W. 53d St., New York.

THE PRESENT STATUS OF THORACIC SURGERY.

Gaston (Jour. of the Amer. Med. Assn.), after discussing the various methods proposed, draws the following inferences:

1. All penetrating wounds of the thorax may be closed hermetically by suture or otherwise, after allowing the discharges of fluid blood from the opening.

2. Foreign bodies lodged in the bronchi through the chest will afford of the trachea at the lowest available point.

3. Experiments on reaching the bronchi through the chest will afford little encouragement in undertaking operations upon the human subject.

4. Medication as a preventive and a curative agency in pleuric effusion is worthy of trial before having recourse to aspiration.

5. Aspiration is indicated when there are large serous accumulations in the chest, and likewise in pneumo-thorax, but cannot be relied upon for the relief of purulent collections.

6. Partial resections of ribs are attended with better results in some cases of empyema than the complete removal of the segments of several ribs.

7. The excision of a small portion of one rib with the introduction of drainage-tube has been generally attended with good results.

8. Washing out the cavity of the chest is not requisite, except in contamination and decomposition of the contents.

9. The operation of thoracotomy for abscess and gangrene of the lung should be accompanied with antiseptic applications and with tamponage of gauze.

10. Tumors of the mediastinum may admit of interference, but further developments of technique are necessary before the method can be generally advised.—Therapeutic Gazette.

HAMILTON ON PLASTER OF PARIS IN FEMORAL FRACTURES.

Hamilton said: "While the plaster method was in use in Bellevue Hospital I saw more crooked and shortened legs than were ever in this institution before."

—Med. Age.

TREATMENT OF HYDROCELE.

The classical treatment of hydrocele, puncture and injection of tincture of iodine or some other irritating liquid has been rendered much more simple by a confrere who has published the result of several cases cured rapidly by his method. He inserts the trocar into the most dependent part of the tumor and removes the liquid; he then injects a five per cent. solution of phenic acid which is removed almost immediately. The trocar is introduced a second time into the canula, and pushing it up towards the highest point a counter-opening is made. The trocar is again withdrawn, and a drainage tube is passed through the canula and left in position, the canula being removed. The patient can immediately get up and walk about. The drain is withdrawn on the fourth day, and in a week the man is cured.

Med. Press.

UNIQUE CONDITION OF HERNIA.

In this week's "Operating Theatres" will be found a most interesting case showing the stumbling blocks which may occur in cutting down on a hernia for radical cure. For a surgeon having the experience of Mr. Anderson (who was the operator on this occasion) to say the condition found was remarkable would at once draw attention to it, but when he adds that as far as he knows it is absolutely unique, the case merits the serious consideration of all surgeons. Undoubtedly many peculiarities are met with in the numerous operations for the radical cure of hernia, yet they are mostly of a kind for which the surgeon is more or less prepared. But the one which will be found in the "Operating Theatres" is calculated to puzzle any surgeon, and more especially to put his anatomical knowledge and surgical resource to the test, not only on account of the hernia being sacless and direct, but also and principally from the impossibility of knowing what the piece of bowel really was beyond the fact of its being large intestine. If it really were cecum in a left inguinal hernia, it would be a parallel to Mr. A. Cooper's case, reported in Operating Theatres many months ago, in which that surgeon had to perform inguinal colotomy on the right side through finding no colon on the left.

—Med. Press, May 9, 1894.

Therapeutics.

Under the charge of LOUIS LEWIS, S. M. R. C. Philadelphia.

SOMATOSE.

At the last session of the Medical Association, at Elberfeld, in March, 1894, a report was made on a new meat-preparation which has been introduced lately under the name of Somatose, as a restorative for persons whose nutrition has been impaired, phthisical persons, convalescents, feeble children, patients suffering from gastric troubles, etc.

Dr. Hildebrandt stated that this preparation consists almost exclusively of albumoses, i. e., albuminous substances which have already been digested and are not coagulated by heat. Under use of somatose the process of decomposition in the intestinal tract is slight, because this preparation is quickly taken up in the circulation, and because it does not furnish to any extent products of intestinal decomposition. The fact that somatose is readily assimilated in its own form, and directly replaces the albumin of the body, explains why the body weight increased considerably in some experiments in metabolism made by Hildebrandt.

The new meat preparation, which contains the elements of meat in a digested shape, represents a yellowish powder, which readily dissolves in watery liquids. It may be given in milk, soup, cocoa and coffee. Contrary to the meat preparations of the trade, it has the property of being almost tasteless and possesses an exceedingly great nutritive value, as it contains over 90 per cent. of albumoses, that is, readily assimilated albumin. The preparation is well borne, even for a long time, without irritation of the stomach, and like other peptones does not cause nausea or diarrhoea.

Quite a number of practitioners at Elberfeld took part in the discussion, and among others Dr. Loewenstein mentioned the case of a female patient with tuberculosis, who had five or six attacks of vomiting a day on account of a harassing cough, and could not retain food of any kind. Since four months she had been taking somatose with admirable results. The vomiting had ceased entirely. In a second patient the preparation had a very favorable effect on the nutrition and the body weight.

Dr. Mangel called attention to the excellent plan of combining somatose and milk, a combination which has already become known under the name of somatose mother's milk. Dr. Kupper has prescribed somatose in several families with good success; in one family the children have been nourished for a long time with somatose mother's milk, which they bear well and relish. Dr. Ruhle, a specialist for diseases of women, reported also very important results, and said that his patients much preferred somatose to other meat preparations.

In general the comments on somatose were very favorable, and the new remedy was considered an important addition to the materia medica, and will be useful in a large number of diseases, and particularly as a reconstructive for feeble persons of impaired condition.

NORMAL LIQUID CANNABIS INDICA IN UNPLEASANT DREAMS.

Dr. R. T. Edes, in the Boston Medical and Surgical Journal, especially recommends Cannabis Indica for the relief of unpleasant dreams, transforming them into those of a more agreeable character.

"The drug should not be given in so-called 'full doses,' that is, not sufficiently large to produce effects obvious to anyone but the patient, and he hardly should be sure of it. For example, if experiments have shown that ten drops of the preparation to be used gives rise, in the average person, to some excitement, rapid talking, laughter, double consciousness, etc., let the dose for the purpose we are considering be, say, six or seven. I have found that a very convenient plan of administration, admitting of varying the dosage, is an alcoholic extract, which may then be dropped in the desired quantity upon a spoonful of granulated sugar.

"I have frequently had occasion to prescribe Cannabis Indica, and have found Parke, Davis & Co.'s Normal Liquid always efficient in doses of ten to forty minims. It would undoubtedly give satisfaction in cases like the above-mentioned, where the dreams are known to be habitual and not due to the 'traditional mince pie' or disordered digestion."

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

RESEARCHES ON CADAVERIC RIGIDITY.

Physiologists are divided in opinion as to the cause of this phenomenon. Some think it due to a chemical change, the coagulation of the myosine. Others consider it due to a last contraction of the muscle as a physiological effect.

The sole facts supporting this last hypothesis are the analogies of cadaveric rigidity with muscular contraction and the facts published by Brown-Sequard. No essential vital actions have yet been observed in rigid muscles. Experiments by the author resulted as follows:

1. Rigid muscles are frequently electrically excitable for a variable time at the commencement of rigidity and even when it is completely established. This persistence of excitability is almost constant in every case where rigidity rapidly supervenes. It is the rule in certain animals, as the horse, in which rigidity is quickly established after death. The excitability may last for five hours.

2. Rigid muscles whose electric excitability is lost often preserve their mechanical excitability for some time. It has been noticed in the fetus clearly for a space of two days. The muscles of the fetus become rigid just as in the adult, but it appears later, when the fetus has been delivered and left to cool. The electric excitability disappears before rigidity comes on, but mechanical excitability (idio-muscular contraction) persists for much longer.

3. Rigid muscles having lost both electrical and mechanical excitability are still sensitive to chemical agents. Contrary to general teaching, this kind of excitability lasts longer than the others.

4. Whilst electric excitability progressively decreases, that caused by other agents increases inversely and attains its maximum when the muscle is about to become rigid.

5. Tetanized muscles present in the same way an exaggeration of sensibility to chemical agents as do rigid muscles; it is also observable in muscles whose blood vessels have been ligated for a certain time and in muscles subjected to contact of air, drying heat, etc.

6. The contraction produced in a rigid muscle by an excitant is accompanied by a like current as the current of excitation and is also accompanied by the loss of heat.

7. Rigid muscles suspended in air absorb oxygen and exhale carbonic acid.

—La France Med. E. W. B.

MICROBIC CADIAC POISONS.

Roger has studied the action of four poisons of microbic origin, produced by *B. septicus putridus*, *proteus vulgaris*, *B. coli* and *B. diphtherial*. The experiments were conducted on the frog.

All four slowed the pulsations, increased the duration of the systole and especially of the diastole. The fullness of the systole diminished under the use of the proteus or *B. septicus*. Faradic excitability of the heart is not modified by these poisons, save by that of *B. septicus*.

The toxins secreted by this microbe render the heart completely inexcitable; it cannot be prevented by excitement of the pneumogastriacs, and the rhythm cannot be modified by currents applied even directly on the heart.

—La Fr. M.—E. W. B.

GUAIACOL IN ORCHITIS.

Guaiacol applications in orchitis produce a lessening of pain lasting for some hours, owing to an anesthetic effect. The form of ointment was used—2 to 5 grams to 1 ounce vaseline. The effects of guaiacol are produced in a short time.

—La France Med.—E. W. B.

SEAT WORMS A CAUSE OF PERNICIOUS PROGRESSIVE ANEMIA.

There has been described under this name anemia of rapid course, which is observed especially in women lately delivered, and which is characterized by all the signs of anemia with dyspepsia, diarrhea, vomiting, edemas and hemorrhage.

Karvonen writes of a case of this kind. A country girl, of 16 years, had noticed ascarides in the stools for about 2 years. The attack began with vomiting; soon she showed general debility, noises in the ears, headache, chills, edema of the face; she became bed-fast.

Santonin was prescribed, and was followed by the expulsion of worms. The cure took place without other treatment.

—La France Med.—E. W. B.

Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., 44 West 46th St., New York.

RESULTS OF 100 CASES OF FIBROMA OF THE UTERUS TREATED BY ELECTRICITY.

At the Seventh French Surgical Congress Drs. Bergonie and Boursier, of Bordeaux, read a paper based upon over two hundred cases, eliminating, however, half of them because the lapse of time since treatment ceased had not been long enough to determine the value of the final results.

The method of treatment was as follows: To the positive pole was attached a carbon sound, which was inserted into the cavity of the uterus, while a large negative electrode was placed upon the abdomen. The intensity of the current used varied from 25 to 150 ma. and sances averaged about ten minutes in duration.

The results here given are based upon 100 cases similar in respect to diagnosis and treatment: 64 were large fibroma, and of these 7 were reduced in size; 90 were fibroma with hemorrhages and 81 of these cases were relieved partially or wholly of these symptoms: 41 had pain, of which 22 were improved or cured, and in 65 per cent. of the 100 cases the general health of the patient was materially improved.

Now, positive electrolysis, brought about at the base of such a growth through the agency of an insulated needle and a regulated, constant current successfully overcomes all these difficulties. The blood vessels that nourish the growth are destroyed by coagulation and the shriveling of the tissues at the point where they enter it. No hemorrhage obstructs the view of the operator and there need be no loss of normal tissue.

There is no danger from secondary hemorrhage; no raw surface to favor septic infection; no stitches to remove; no ligatures to slough away. The patient in many instances need not be confined to bed a day, and in but few cases does this method of operation require the use of an anaesthetic.

In this statement of fact will be recognized advantages in this method of procedure over any and all others; advantages which need but to be mentioned to be appreciated. I have taken this illustration of the application of electrolysis in surgery because it serves to present in the most striking manner the chief feature of its superiority. My purpose will, however, be but half accomplished if your thoughts are confined to this one application, and if you fail to recognize the broad generaliza-

tion of these phenomena of electrolysis to a multitude of disorders requiring surgical interference.

The coagulating, astringent, drying effects of positive electricity and the possibility of conveying these effects through the tip of the needle to deep-seated parts without marring the overlying tissues give to general surgery a ready means of controlling abnormal vascular dilatations, such as aneurisms, vevi and varicosities, without the necessity of a surface ground or elaborate antiseptic precautions; while the gynecologist, in the vascular fungoid and polypoid disorders of the endometrium would find it, as some have already done, a prompt and efficient means of cure.

The aurist, the ophthalmologist, the rhinologist, the laryngologist and the dermatologist will each see that it is adapted to many of the conditions with which they deal.

But our illustration has dealt solely thus far with the range of efficiency of positive electrolysis.

Negative electrolysis is capable of proving none the less serviceable to surgery. In this field of conservative surgery I am convinced it is yet destined to play a very important role. Cicatricial tissue, the result of inflammatory action, is responsible for much human misery. It narrows and occludes and distorts many of the channels of the body. The nasal duct, the eustachian tube, the esophagus, the urethra, the cervical canal of the uterus, are conspicuous places where stricture is of frequent occurrence.

In dealing with such strictures our methods and results are, as a rule, far from what we desire. Conservative surgery aims to remove the abnormal with the least possible injury to the normal tissue, but in the majority of measures now employed the normal is made to suffer with the abnormal, and the result is proportionately unsatisfactory.

It is my belief, after some personal experience in its practice, together with a careful review of the testimony of those more experienced, that negative electrolysis has the effect, when skillfully managed, of relaxing, softening and disintegrating these bands of cicatricial tissue, and without damage to normal tissues adjacent to them. If this be true—and if it is not already demonstrated to be true none of us need be long in ignorance of the facts—you can readily see what an important stride will be made in conservative surgery as soon as negative electrolysis is universally employed for the removal of strictures, pelvic adhesions, fibroid tumors and the like, which at present give rise to some of the most destructive operations known to surgery.

Ophthalmology.

Under the Charge of J. A. TENNEY, M. D., 2 Commonwealth Ave., Boston.

MISHAPS WITH COCAINE.

It has been asserted that cocaine has poisoned patients when the drug was used for dental operations; and soon after it came into use in ophthalmic surgery it was said to cause the worst diseases of the eye.

It is probably true that some people have an idiosyncrasy against the drug, and may be poisoned by a very small dose; but since Dr. Hammond injected 18 grains at once under the skin in his own person it has hardly been reasonable to call it a poison in any ordinary quantity. The writer has injected two grains subcutaneously at a dose without any injurious consequences to the patient. The ability of the patient to bear the drug was first tested with mild doses.

Cocaine used with a mydriatic for ascertaining the state of refraction of the eye is a disadvantage, as was pointed out by Dr. Theobald. It dries and distorts the corneal epithelium, causing an irregular astigmatism, which makes it difficult to make accurate measurements of the eye.

The worst effect produced by cocaine seems to be this drying of the cornea. Great care must be taken in prolonged operations upon the eye, or the corneal epithelium will be destroyed. If a strong solution is employed, and eyelids are held open by a speculum, blistering will be pretty sure to take place in a long operation. If the patient's eyes are closed occasionally this mishap will be averted; for the natural fluids of the eye preserve the integrity of its epithelial covering.

The writer once had a case where a 4 per cent. solution of cocaine had no effect upon the eye. Its strength was increased to 10 per cent., and even stronger. More than one-half of the corneal epithelium was destroyed. Atropine in one-half per cent. solution was instilled into the eye, with castor oil, and the eye was comfortable in about 24 hours. The cornea was cloudy for a week or more.

Another case of blistering took place

with a 4 per cent. solution. The patient was an Armenian. For some reason the Orientals have eyes that cannot bear adverse conditions very well. Every precaution was used to prevent blistering in this case, but a patch of epithelium about an eighth of an inch across was destroyed, causing the patient a good deal of inconvenience.

Within a few days a friend has reported to the writer a case of corneal blistering, where only a 2 per cent. solution of cocaine was used as a therapeutic measure, the eyes being closed between the instillations. This patient's cornea must have very feeble powers of resistance, most people being able to bear a 4 per cent. solution with the eyes open for a considerable time with impunity.

J. A. T.

THE SOULS OF ANIMALS.

Canon Wilberforce, in a recent interview published in the "Westminster Gazette," contends that the lower animals are immortal, and uses his belief as an argument against the establishment of a Pasteur Institute in England. For all that, he doubtless takes his roast beef with as much satisfaction as if it had not been necessary to set free an immortal soul in order to procure it for his table.

—Medical Record.

Dr. Emory Lanphear, for many years editor of the Kansas City Medical Index, has resigned the chair of operative surgery and clinical surgery in the Kansas City Medical College and has removed to St. Louis. He makes the change in order to become professor of surgery in the St. Louis College of Physicians and Surgeons, one of the oldest and strongest medical schools of the West.

Miscellany.

A FAMOUS DOCTOR.

Dr. John Abernethy was born April 3, 1764, but whether just before or after his parents came to London, Eng., is not positively known. He was of Irish descent, his grandfather having been a Protestant Dissenting minister, noted for his ready wit. After being educated at Wolverhampton Grammar School, John, at the age of 15, according to the custom of the time, was apprenticed to Mr. (after Sir Charles) Blicke, assistant surgeon to St. Bartholomew's Hospital, London. Besides receiving the instruction of his master, he became an active student, and, it is said, attended the lectures of other surgeons, in the habit of a groom, which acquired for him the appellation of "the 'ostler." From early days Abernethy attracted notice by the bluntness and oddity of his conversation, but without exhibiting anything like uncommon attainments, he succeeded in making himself thoroughly conversant with his profession.

When his master, on the resignation of Dr. Potts, became full surgeon at St. Bartholomew's, the vacant post was filled by the election of Abernethy, in 1787. The choice was speedily justified by results, for his lectures were so well attended that the governors built a regular theatre, and thus Abernethy's name is associated with the founding of the distinguished school of St. Bartholomew's.

After holding the office of assistant for 28 years, he was, in 1815, elected principal surgeon. Prior to this he had been appointed surgeon of Christ's Hospital and professor of anatomy and surgery at the Royal College of Surgeons.

The doctor's world-wide reputation was no doubt in part due to the many anecdotes related of his blunt, humorous, and sometimes rude speeches; but he was a master of the medical art.

Courteous and affectionate in private life, all his dealings were strictly just and honorable.

Abernethy was opposed to the division of surgery into distinct departments, considering the whole were so essentially connected that no man properly educated should be ignorant of the diseases which those divisions embraced. His one great book, "Surgical Observations on the Constitutional Origin and Treatment of Local Diseases," enforced this view. Abernethy married at the age of 36 and had several children. He continued in active practice until 63, and then retired, dying at Enfield, April 20, 1831.

AMBROSE PARE.

It is not generally known that the origin of the great reputation of the father of French surgery, Ambrose Pare, was due to an incident that occurred at the siege of Boulogne-sur-Mer. The Duc de Guise had been carried to his tent with a fearful wound, produced by the point of a lance. The lance had entered the cheek of the prince under the right eye, and passed out in the neck under the ear. The weapon broke in the wound. His surgeon, Ambrose Pare, arrived, and said to his assistants: "Gentlemen, the prince is not dead, but he will soon be in the other world unless, regardless of any respect for his person, I pull at once this shaft from his head." Planting his foot on the face of the prince (!) he seized the piece of iron with his fingers, and after a considerable see-saw movement he succeeded in drawing it out. The prince recovered, and bore ever afterward the nickname of Balafre.

A TRIP TO ASBURY PARK.

During the late meeting of the Pennsylvania State Medical Society a trip was made by about 200 members of the society to this popular summer resort. After a pleasant railway ride to the beach the party were taken in carriages about the place and afterward dined at the Hotel Brunswick. The affair was exceedingly enjoyable, and wound up with a grand hop at the hotel, given by the citizens' committee in honor of the guests.

A VERY ACUTE DISEASE.

During the trial of the alleged poisoner, Dr. Henry Meyer, before Recorder Smythe in New York city, Dr. O'Sullivan, the famous doctor-lawyer, brought out the following in his cross-examination of a medical expert witness:

"Are there no diseases that cause death and yet leave no lesions on the organs?" asked Dr. O'Sullivan.

"Yes."

"Tell the jury some."

"That would be pretty hard."

"Is an electric shock one?"

"Yes; an electric shock would produce death without lesions."

"Is an electric shock a disease?" queried Recorder Smythe.

"Oh, I guess so," answered the witness.—Electric Review.

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PRESIDENT'S ADDRESS

DELIVERED BEFORE THE AMERICAN MEDICAL ASSOCIATION AT THE FORTY-FIFTH ANNUAL MEETING HELD AT SAN FRANCISCO, CAL., JUNE 5, 1894, BY JAMES F. HIBBERD, M. D., LL. D., RICHMOND, IND.

Members of the American Medical Association:

A year ago in the great city of Milwaukee, on the shore of the inland sea, it was my privilege to express my surprise and offer my thanks to the members of the American Medical Association for the distinguished honor conferred by elevating me to the presidency of this paramount medical society of the United States, and to-day in the great city of San Francisco, within sound of the surf on the eastern shore of the wide Pacific Ocean, I rise to iterate the expression of my appreciation of the honor bestowed and again to extend thanks therefor.

We are assembled here this morning to open the forty-fifth meeting and celebrate the forty-seventh anniversary of the organization of the American Medical Association; to continue the noble work it has successfully prosecuted all the years of its existence; to commune professionally and declare the progress of medicine during the association year just ending; to fulfill the service of the present association programme and to arrange for a fresh one for our successors; to greet old friends and make new acquaintances. And we come to our duty this morning with buoyant spirits, invigorated by the inspiring scenery we have traversed since leaving our homes, our stay here made prospectively profitable by the scientific menu our programme presents, and our social and scenic enjoyment of richest promise

through the thoughtful labor and esthetic taste of our efficient committee of arrangements, the nature and extent of which has just been rehearsed by its chairman.

We are not here at the time nominated at Milwaukee. Soon after the adjournment last year the statement was made that if the meeting this year should be held on the first of May, as ordered, time would not be afforded State societies to act on the question of the revision of the code of ethics, as had been recommended by the association, and change of the date of this meeting was suggested. This sentiment increased and other reasons for the change were added. The pressure growing stronger and more urgent, conferences were held in Washington during the session of the Pan-American Congress. Many consultations were held at other times and places, and much correspondence was had without finding any opposition to the change and accordingly it was made, and published in the Journal of the association, November 11, 1893.

At every annual meeting the officers of the association, particularly the permanent secretary and the treasurer, have difficulty in appeasing delegates who are not received because the credentials presented by them have not been issued by a society entitled to representation in the association. The law regulating this matter is plain, to wit: "The delegates shall receive their appointment from permanently organized State medical societies, and such county and district medical societies as are recognized by representation in their respective State societies."

The difficulty lies in the fact that some of the State societies are not representative bodies, and consequently this constitutional provision cuts off all delegates from such States except those

commissioned by the State society itself. While this is the letter of the law, it is not the spirit that animates the organization of the association. The constitution should be revised in this particular at least. There are two ways of overcoming the trouble; first, strike out the words "representation in" from the constitution where it prescribes the qualifications of delegates, leaving all such county and district medical societies as are recognized by their respective State societies fully authorized to commission delegates to this association. The other and better plan would be for every county society in each State to be represented in its State society. Facile methods of accomplishing this can readily be selected. Perhaps the plan of organization so long in successful and satisfactory operation in Indiana might serve as a paradigm. There each county has its society, known by the name of the county, and the State society is composed of all the members of all the county societies. delegates to the State society, and at the same time nominates delegates to the American Medical Association, who are commissioned by the State society. This simple plan secures substantial autonomy to the county societies, and provides for equal representation in this association from every part of the State. Every member of every county society can attend the meetings of the State society and participate in all business except voting. This seems to me both theoretically and practically adapted to a complete organization of the profession in every part of the Union, and if this association at this session would formulate a scheme similar in spirit and in terms and recommend it to the consideration of such State societies as do not now have an equally serviceable organization it would, in my judgment, be doing a good work, sowing seed that would bring forth sound fruit in the future. In Indiana the State society and each county society is a legal corporation; and, while this is not essential to its methods of organization of the profession of the State, it is to my mind desirable.

In this connection I desire to lay before you some thoughts touching the arrangement of subordinate medical societies in their relation to the American Medical Association. Every medical man who belongs to any medical society

should belong to a county, or an equivalent medical society, and every member of a county society should be ipso facto a member of his State society, and this as open-sesame to the American Medical Association. By this arrangement all reputable physicians in the United States would be brought together in a common guild, whose power to do good within its legitimate sphere would be limited only by its aggregate wit and energy. Such a consummation would place this association in a position to fulfil the mission hopefully anticipated for it by its earnest and patriotic founders, and would elevate the American profession to a plane for useful work, the highest conceivable for the disciples of scientific medicine.

This would in nowise interfere with the organization of medical men devoted to special lines of practice or investigation; indeed, the more of these, and the more special their fields of labor and inquiry, the more rapid will be the development of medical knowledge, the nearer will expert art approach to perfection, and the greater will be the blessing to humankind. In these special and limited societies there will be a concentration of thought and labor that will yield results advanced and true to a degree beyond hope for a more promiscuous assembly.

All the adherents of the special organizations will be members of county societies, and thereby of their respective State societies, whence, for the asking, they can step through the portals of this association and find in our sections a department already organized and at work into which they can enter, each according to his tastes or qualifications, and feel at home among fellow laborers.

A member of either of these special organizations, entering the appropriate section, will find himself in the midst of all the members of the Association, whose tastes run parallel with his own, whether specialist or general practitioner, and it is this mingling of these sundry classes of investigators and practitioners, exchanging views and detailing experiences, that creates the vast stores of profit and pleasure so much enjoyed at our annual meetings. In this scheme for the organization of the American medical profession is there not promise enough to make us hope and labor for its early consummation?

A sentiment was expressed last year at Milwaukee by a member, and has, I

think, some currency among other members, that indicated a misconception of the character and personnel of the sections as I view them. The sentiment was uttered in a private discussion of the propriety of conferring on the Business Committee the functions of the Nominating Committee, and was substantially this: My colloquist said, "The Business Committee is made up of ex-chairman of sections; the sections are in the hands of the specialists; the specialists reside in the greater cities and, consequently the Business Committee will be constituted of special practitioners who hail from the greater cities and some of the cities are great enough to furnish half a dozen chairmen at once. This will not only exclude general practitioners from a vote in the selection of officers of the association, but may, by chance or design, place the general business of the association under the management of specialists from a few of the more important cities of the country." The error of this representation lies in the fact that its entertainers fail to recognize that the aggregate membership of the sections at each annual session is the total membership of the association in attendance. True, in each section there will be members of the special society, whose work is the same as that to which the section is devoted, and there will be others whose engagements are limited to the same line of practice, but these combined, except in two or three sections, will not number more than a small minority, probably not a tenth of those enrolled in the section; the other nine-tenths will be general practitioners whose professional proclivities have directed them to the section, and these general practitioners have the power by their votes, the right by virtue of their membership and the obligation under their duty to the association to elect the best man in the section to its chairmanship without inquiry whether he lives in a big city, a little city or a hamlet, and in so doing will make it patent to every thoughtful mind that the personnel of the Business Committee will be selected under conditions to insure as intelligent, as well distributed and trustworthy a committee as the association can secure. And, moreover, the function of a Nominating Committee is to nominate, not elect; confirmation or substitution is in the

authority of and always exercised by the association. I am led to present this subject in this light and to this extent because I feel that a majority of the members recognize the imperfections of our present mode of selecting the Nominating Committee and realize that the welfare of the association calls for a committee to exercise the important functions of the Nominating Committee, which has elements of permanence in its organization and whose personnel has been selected with something of deliberation.

When Dr. George M. Steinberg was appointed surgeon general of the army in May last he made two innovations in the administration of the affairs of the office: First, in establishing an Army Medical School to give passed candidates for appointment to the army, laboratory practice in bacteriology, sanitary chemistry and other essential instructions for military service. Second, the position of attending surgeon in cities having good facilities for medical improvement he filled with young men who were preparing for promotion.

These changes did an excellent work that was accomplished without additional expense to the government; the Museum and Library Building furnished the rooms, and the medical officers on duty in Washington did the teaching in addition to their regular work. But the number of active young surgeons about Washington and other cities attracted observation and led the chairman of the Committee on Military Affairs to conclude there was a surplus of assistant surgeons, and in his report to the House he reduced the number from 125 to 90, thus inhibiting fresh appointments until the number shall be so reduced. This recommendation has passed the House and if it should be approved by the Senate will greatly embarrass the medical service of the army and in the end be a detriment to the country, because many military posts will have to depend on civil physicians for medical attendance and in case of war these would not take the field, and the army would be without trained medical officers, which would be as serious an evil as unskilled officers in any other department. When these facts were pointed out to the chairman of the committee by other members with better knowledge of practical military affairs the chairman replied that no one outside the army surgeons had complained, not a single medical society had claimed that any injury would result.

Let the American Medical Association at once call the attention of Congress to the mistake threatened.

To be continued next number.

ADDRESS
OF THE CHAIRMAN OF THE SECTION
ON OPHTHALMOLOGY OF THE
AMERICAN MEDICAL ASSOCIATION.
ALBERT R. BAKER,
M. D., CLEVELAND.

One of the great faults of our medical societies is the occupation of the time in reading papers and participating in discussions which for the most part are the mere quoting of authorities and presenting of views that are not new.

The chairman is, however, a privileged individual in this respect, as he is either expected to present a resume of the present status of our science or make a few general platitudes that may serve to open the meeting of the section, and if possible put us in good humor with ourselves and our profession. It would be fortunate if all of our old straw could be thrashed out in this one address, so that the remainder of our time could be profitably spent in the presentation of original observations and participating in discussions that might prove of permanent value to each of us. And yet, an occasional review of what has been done by our predecessors often proves of inestimable value, and nothing like an extensive acquaintance with the literature of the subject so effectually prevents the presentation of poorly prepared and incomplete observations "as new truths." I have had occasion to remark that it is much easier for me to prepare a paper on some other subject than those pertaining to the eye, and I suspect the reason is because I know less about what has been done in other directions. Because the thing is new to me, I am tempted to present it as new to others.

A few years since, when the treatment of granulated lids by "Grattage" was proposed, I was reminded of the treatment recommended by St. Yves* for a similar condition nearly two hundred years ago. He says: "It is to be noticed that the spots and ulcers and certain abscesses of the cornea transparent, attended with an inflammation of the conjunctiva are more speedily cured by bleeding of the eye, than by any other means. Notwithstanding, in some cases

it is not proper as practice evinces. This bleeding of the eye is performed in different manners. Some take a bundle of oat-blades and make a kind of brush with which they scrape the conjunctiva and so scarify it. (Grattage). Others pass a covered lancet between the globe and eyelid and scarify the cornea (Scherevotic) with it. Others glide a crooked needle under the varicous vessels which communicate with the spot, ulcer or abscess and cut the vessels which creep on the conjunctiva. This last operation is the surest and least painful." Have we anything better to propose to-day?

Since Richard Banister, master of surgery, oculist and practitioner of physic, published his little book of twenty-three pages on the preservation of the "Eye Sight" three hundred years ago, in which our illustrious predecessor gave the regime he thought necessary to preserve the sight, together with the chief lotions, syrups and juices that should be applied to eye diseases, we have made wonderful progress, and yet we must confess there are many points needing elucidation that will require the most patient study on the part of an anatomist-histologist-physiologist-pathologist and clinical observer.

Who will give us a clear and rational description of the course and termination of the intra-cerebral fibres of the optic nerve? Who will explain to us the cause of sympathetic ophthalmia? What are the relative functions of the rods and cones? Who will give us a good working theory of color perception? One that will explain color blindness.

Why is it that after the canaliculus is slit and large probes passed that the tears continue to overflow? What operation for cataract extraction is the best? The last word has not been said on heterophoria and errors of refraction, as we shall doubtless learn before the close of this meeting. These and numerous other important problems require our most careful consideration.

In order to solve these questions we cannot be guided entirely by our own experience. Many of them cannot be answered by one generation and need not only the experience of ophthalmologists of the present, as well as the past, but that of the entire profession, including the labors of chemists, physiologists, physicists and men engaged in

*A new treatise of the diseases of the eyes by M. De St. Yves, translated from the original French by J. Stockton, M. D., London, 1741.

every department of scientific research. It will be a most unfortunate step backward if we, as ophthalmologists, should permit ourselves to be segregated from the great body of the medical profession as the oculists have been in ages past, or as the dentists are now.

One of the most interesting chapters in Richard Banister's book* is devoted to the exposure of what he calls "proud, quack-salving mountebanks, that would undertake all cures, and perform few." He says further: "In the methodical practice and cure of blind people by couching cataracts our English oculists have always had an especial care, according to arts, to couch them within doores, out of the open aire, to prevent further danger. Yet some of these mountebanks take their patients into open market, and there, for vain-glories' sake, make them see, hurting the patient, only to make the people wonder at their rare skill. Some others make scaffolds, on purpose to execute their skill upon, as the Frenchmen and the Irishman did in the Strand, making a trumpet to be blowne before they went about their work."

Much of the prejudice (and with justice) against oculists who treated diseases of the eye exclusively has been handed down almost to our own day. Only a few years ago a most bitter fight was made against Dr. Nettleship's appointment on the staff of the Royal London (Moorfield's) Ophthalmic Hospital. The only objection of any weight urged against his appointment was that he is not a general surgeon.

An interesting parallel between the separation of the oculist from the general profession of old and the present tendency in that direction might be drawn. The tendency at present is to make expert opticians, but poor oculists. We must be something more than spectacle peddlers. We must keep in touch with the general profession. In order to do this we must not only have an extensive knowledge of general medicine and surgery, but we must insist upon better education of medical students in eye diseases.

To be continued next number.

SUPRA PUBIC HYSTERECTOMY.*

BY DR. JOSEPH EASTMAN, M. D.,
LL. D., OF INDIANAPOLIS.

The Doctor did not follow the usual custom of reporting progress in obstetrics and gynecology which had been done so often and so ably by his predecessors. He viewed his subject from personal observation and clinical research. The doctor favored extirpation of almost the entire uterus, an operation devised by him in 1887 by passing a large cautery three times through the little cervix left, and inserting a rubber drainage tube for vaginal drainage.

The old adage that the qualifications of a surgeon were "the head of an Apollo, the eye of an eagle, the heart of a lion and the hand of a woman" is eminently true, especially as regards him who would seek to be successful in removing fibroid tumors. The head to plan and to meet the surprises which spring on us during such work; an eye to see quickly the exact constriction of every ligature and adjustment of every suture; the lion heart to forge forward in this aggressive work when our percent. of recoveries might be better were we to let fibroids alone, especially bad ones; the nimble within the ends of the fingers, backed by an indomitable will to skillfully and speedily perfect the last suture with the same precision as the first, make a combination of qualifications suggesting that the surgical type of a man is not to be found 13 times in a dozen. No operation so thoroughly demands that the trinity of surgery be carried out, through preparation of the patient, through operating, and skillful after treatment.

As American surgeons we have the right to be proud that no other nation leads us in the originality of methods or successful results in removing fibroid tumors. Almost every State in our Union has operators who would venture to give a woman with a fibroid tumor the chances of life which surgery offers. With a more thorough and perfect understanding of the essential anatomical conditions which make an abdomen containing a fibroid tumor different from one containing an ovarian cyst, with the realization of the ideal method applicable

* A Treatise of 113 Diseases of the Eyes and Eye Lids, by Richard Banister, Mr. in Chyrurgerv. Oculist and Practitioner in Physicke, published for the second time in 1622.

*Abstract of address of Chairman of the Section on Obstetrics and Diseases of Women, at the San Francisco meeting of the American Medical Association, June 5-8, 1894.

alike to all fibroid tumors, regardless of their morphology, an operation as successful in the hands of the many skilled operators as the few, may we not hope to say with all sincerity that fibroid tumors can be removed with the same low rate of mortality which has placed ovariectomy among the brilliant triumphs of the century? Then shall the torch lighted by McDowell in the midnight darkness shine forth with resplendent glory in this brilliant noonday of abdominal surgery. The century which in a few days will have rolled on to eternal past has placed in the magnificent temple of medicine many pillars of surpassing beauty and grandeur, while its surgical columns have risen high toward Heaven, where, as gilded towers, they fain would vie with the God-given sunshine in dispelling the chill and gloom of human agony. Abdominal surgery is proud of her past, because it is prophetic of her future. Even now in the vital present it shall stand forth unchallenged as the crowning glory of all science and all art.

Chirurgia's tower, thy lights resplendent blaze,

Dries womans' tears and lengthens out her days.

McDowell and Sims, of our Columbia's clime

Began the work, moved onward, nigh sublime.

To women then, these blessings shall be given,

Queen of our home, and home the type of Heaven.

THE NERVOUS SYSTEM IN DISEASE.*

BY C. H. HUGHES, M. D., ST. LOUIS.

The doctor congratulated the association on the part American medicine had taken in the scientific triumphs of the closing century. The time has been "when the brains were out the man would die." But we have changed all that. With judicious neurotic council, profound anatomical knowledge and skilful surgery science now penetrates to the dwelling place of thought and volitional motor impulses in the cerebral cortex, enabling perishing victims to be saved by the helping hand of modern cerebral surgery and neurology. Not

being able to give even an outline of the medical progress of the day, the doctor limited his attention to points in the practice of medicine from the standpoint of a neurologist. He believes that discomforting, distressing, disastrous and often fatal disease, la grippe to be a toxic neurosis, in its early stage a nervous fever, its later symptoms depending on the centres specially touched by its toxine. Because of the gravity of the nerve prostration and the nervous sequellae the patient should be put to bed and kept there till the fever storm is over, and in the house much longer, in order to conserve the fighting energy of the assaulted nerve centres. Dyspepsia was considered as a brain disease, and belongs to the brain-working, brain-worrying and nerve-tone exhausting class, to those who bother their brains and eat little or much rather than to those who gormandize, to those who burn the midnight oil in study, do not sleep much from fret and worry and from cankering care, rather than those who tarry long at the wine and the bon vivant. It belongs to men of affairs, and women of care, to the infelicitous and the disappointed in hope and ambition, those whose cerebro-spinal systems are inordinately strained and inadequately repaired in life's battle, so that their lower corporeal functions suffer from defective innervation of the viscera concerned in the maintenance of organic life, and whose cerebro-spinal systems consequently reciprocally suffer from defective appropriating power and inadequate nutrition, but starvation alone seldom develops dyspepsia. We swallow, we digest, we sob, and vomit by means of vagus fibres, and its fibres go to the coeliac plexus, the spleen, the liver, the kidneys and the small intestine.

The importance of early recognizing neurasthenia a nineteenth century evolution was dwelt upon. The relation of neural overstrain to cancer and consumption have lately received renewed consideration since the writer first called attention to this singular fact in the cases of General Grant, Napoleon Bonaparte, Thomas H. Benton and others. He believes, as he many years ago stated, that a breakdown in the central nervous system by which its trophic and resisting powers are greatly lessened makes possible and precedes all cases of cancer.

The following subjects were discussed in extenso, but can only be enumerated here. The nervous system and the liver. Leukemia as a neuratrophic blood disease. Bad temperature and fever dependent on the conditions of the nervous system. The treatment of inebriety. Certain heart affections proceed from the brain. Neurodermatological advance. Hysteria. Physiological rhythm.

*Abstract of address of the Chairman in Section on Medicine of the American Medical Association, at San Francisco, June 5-8, 1894.

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PHILADELPHIA, JUNE 9, 1894.

A MEDICAL LAW IN MASSACHUSETTS.

The Massachusetts Legislature has just passed a law "to provide for the registration of physicians and surgeons." We give the substance of the first seven sections briefly, as they relate chiefly to the appointment of a Board of Registration, and its duties. The last five sections are given entire.

The law empowers the Governor to appoint, with the consent of the Council, seven persons, who are legal graduates of chartered medical colleges, and who have been actively engaged in the practice of medicine for ten years, who shall constitute a Board of Registration. Not more than three members of the board shall at one time be members of any one chartered State medical society. No member of the board shall belong to the faculty of any medical college or university.

The secretary is required to give a bond in the sum of \$5000 for the faithful discharge of his duties. The board shall hold three regular meetings in a

year, on the second Tuesday of March, on the second Tuesday of July, and on the second Tuesday of November, and such other meetings and at such times as it may determine.

The board is required to notify all persons practicing medicine in the Commonwealth of the provisions of this act, by publication in one or more newspapers in each county, and every person practicing medicine, who is a graduate of a legally chartered medical college or university having the power to confer degrees in medicine, and every person who has been a practitioner of medicine in this Commonwealth for a period of three years next prior to the passage of this act, shall, upon payment of a fee of \$1, be entitled to registration, and the board shall issue a certificate to that effect, signed by the chairman and secretary.

Any person not entitled to registration under this provision is entitled to an examination, upon payment of a fee of \$10, and if found qualified by four members of the board, shall receive a certificate and be registered as a qualified physician. If he fails at the examination, he may be examined again within two years without any additional fee, and thereafter he may be examined as often as he may desire, upon the payment of \$10 for each examination. The board may at any time revoke a certificate for criminal cause, the same having been proved in a criminal court.

The board is required to investigate all complaints of disregard or violation of the provisions of the act, and to bring such cases to the notice of the proper prosecuting officers.

Section 8. On and after the first day of January, in the year eighteen hundred and ninety-five, the board shall examine all applicants for registration as licensed physicians or surgeons in this Commonwealth. Applicants must give satisfactory proof of being twenty-one years of age and of good moral character; and every applicant who is a graduate of and has received the degree of doctor of medicine from a legally chartered medical college or university having power to confer degrees in medicine in this Commonwealth, shall be entitled prima facie to be registered under this act upon payment of the fees herein provided.

Section 9. Examinations shall be, in whole or in part, in writing, and shall

be of an elementary and practical character. They shall embrace the general subjects of surgery, physiology, pathology, obstetrics and practice of medicine, and shall be sufficiently strict to test the qualifications of the candidate as a practitioner of medicine.

Section 10. Whoever, not being registered as aforesaid, shall advertise or hold himself out to the public as a physician or surgeon in this Commonwealth, by appending to his name the letters "M. D." or using the title of doctor, meaning thereby a doctor of medicine, shall be punished by a fine of not less than \$100 nor more than \$500 for each offense, or by imprisonment in jail for three months, or both.

Section 11. This act shall not apply to commissioned officers of the United States army, navy or marine hospital service or to a physician or surgeon who is called from another State to treat a particular case, and who does not otherwise practice in the State, or to prohibit gratuitous services; nor to clairvoyants, or to persons practicing hypnotism, magnetic healing, mind cure, massage methods, Christian science, cosmopathic or any other method of healing: Provided, such persons do not violate any of the provisions of Section 10 of this act.

Section 12. For the purposes of the appointment of said board, and of registration of persons by it hereunder, this act shall take effect upon its passage, and shall take full effect on the first day of January, in the year eighteen hundred and ninety-five.

MORPHOLOGY AS A FACTOR IN THE STUDY OF DISEASE.

At a recent meeting of the Association of American Anatomists in Washington a paper was read with the above title, by Dr. Harrison Allen. He said: "The best single conclusion to be drawn from the study of morphology as a factor in the study of diseases is its value to humanity. The scientific study of race in connection with diseased action is almost an unbroken field. When this comparative phase of anatomy shall have been formulated, we shall for the first time have a reasonable hope that the subject of human acclimatization, the geographical study of diseases, the causes and motives of migration, and

thus, indirectly, the history and destiny of man himself, may be in shape for elucidation."

Dr. Thomas Dwight, in discussing the paper, stated that "the statics and mechanics of the skeleton, the action of muscles, are becoming daily more important to the orthopedic surgeon and to the neurologist. The anatomy of childhood is still almost in its infancy. Though not quite helpless, it has not yet made its way into text books, but hides itself bashfully in scattered papers and monographs. A more thorough knowledge would be of great value to the practitioner in children's diseases."

Dr. Frank Baker followed, and said "that morphology was throwing a light upon a vast variety of subjects connected with the domain of medicine, not only upon the causes of disease, but upon the action of cells, the problems of therapeutics, the very springs of life, and the laws that underlie heredity, development, training and education. It was a growing science and one that was destined for a great future, promising much for the elucidation of the highest problems of medicine."

Dr. Burt G. Wilder spoke in strong corroboration of what Dr. Baker had said about the human body not being regarded as a completed structure. And that it is our duty and privilege to improve it by the obliteration and elimination of that mantrap and deathtrap, the appendix to the intestines.

Correspondence.

HOT WATER IN GYNECOLOGY.

Sir: In this year of grace and dawn of the twentieth century and the forty-fifth year in my practice of medicine and surgery I feel like attempting to fill a gap in the alterative of gynecology. It is a short essay on the use of hot sterilized water in the treatment of female diseases and obstetrics.

Females, by universal consent, use hot water to promote the menstrual flow, but never to arrest it, but it is surely the duty of our profession, as leaders in sanitation, to explain to our patients why and to what extent we should use it. We find that in all uterine hemorrhages there is no permanent hemastasis accomplished until the uterus is empty. So that in the use of hot steril-

ized water we have the very best agent to eliminate the contents and cleanse the uterine cavity, relieve congestion and prevent inflammation and promote the proper function of the organ. Difference in periods of utero-gestation, malposition of uterus and slow dilatation of the os are all hindrances to digital relief, while sterilized hot water, through a silver tube, is practicable and safe for the speedy deliverance of the patient in all conditions.

It has been one of the promptest and most efficient remedies as an antiphlogistic in metro-peritonitis with septicemia in correcting unhealthy discharges and arresting blood poisoning.

The temperature of the water is regulated by the tolerance of the patient. It should be as high as patient can bear. It is so easily obtained and readily applied that it has proved in my hands to be the best of remedies in establishing healthy action and accomplishing a cure. I use no instrument but a male catheter, No. 8 to 12, of coin silver. Introduced into vagina or uterus, according to the location of the lesion, and attach a Davidson's pump syringe, I can fill the uterine cavity. Remove the syringe, and let it flow out through the catheter. Repeat as often as is necessary to cleanse and produce asepsis. Lower the temperature to an antiphlogistic condition. There is no limit to its frequent use. No other remedy so quickly relieves your exsanguined patient as this supply to an empty circulation.

It is truly gratifying after hope has almost fled to see the eyes brighten. A smile kindles the face as the patient says "I feel so much better."

S. M. R.

Here and There.

BY ERNEST B. SANGREE, A. M., M. D.,
PHILADELPHIA.

The ordinary face of the patent medicine patient as depicted in the newspapers, whether a "before" or "after" countenance, is often such as to attract one's attention on account of its singular dissimilarity to any thing human. The other day, however, I saw in a weekly publication what was to me the prince of such faces; or as it was that of a woman, perhaps it would be

more proper to say "princess." It purported to be that of an oldish woman who testified to the remarkable efficacy of Lydia Pinkham's Compound.

Yet when looking at this frightful visage, the thought struck me that it would perhaps have been better for Lydia's panacea to fail in at least this one case than to have preserved these shocking features to the daily terror of this woman's neighbors and the misery of a long-suffering public.

Speaking of patent medicine testimonials causes me to wonder whether people would be so free to give their names as having been cured of long-standing ulcers and sores, of falling hair and swollen glands, if they knew that the "blood purifier" they so loudly praised had contained the necessary ingredients for taking effect on the well-marked case of "secondary" or "tertiary" they were carrying about.

It seems that even so common and simple an operation as that for cataract cannot be grasped by the lay reporter. The intelligent London correspondent of one of our Sunday papers, speaking of the cataract operation on Gladstone, referred to "taking the film off."

Another case of burial alive was reported in the daily press a short time since. We are so accustomed to these fictions that we place no credence in the bona fide looking telegrams, though they may be from a place not a hundred miles distant. At the same time there is always a possibility of truth, as there are on record several instances that are authenticated beyond a doubt.

Physicians are sometimes slightly put to their wits to find a suitable excuse for neglecting an office patient when wishing to devote a few minutes to something else, but a Walnut street specialist quite distinguished himself in this line with one of his lady patients the other day. He was about to treat her foot with electricity, and she had just removed her stocking in preparation, when the mail arrived. Desirous of reading one of the letters immediately, this diplomat tried gracefully to secure time by saying in his most professional tones: "Just expose your foot to the atmosphere for a little while."

Surgery.

Under the charge of T. H. MANLEY, M. D., 302 W. 53d St., New York.

STRANGULATED HERNIA.

At the meeting of the Societe Chirurgicale, M. Segond spoke on the choice to be made between an artificial anus and resection of the intestine with subsequent suture in the treatment of gangrene of the gut following strangulated hernia. For him, he having tried both operations, he preferred establishing at first the artificial outlet, and when the patient has sufficiently recovered from the shock and the prostration produced by the affection, he endeavored to improve the position of the man by resection and suture, and so relieve him from a very disagreeable infirmity.

M. Terrie said that he entirely agreed with M. Segond, as resection of the intestine was always a very grave and tedious operation. Yet he could not forget the results obtained by M. Murphy with his new method of entero-anastomosis, which succeeded in seven out of eight operations. Further, the operation is very simple, as it only lasts about 15 minutes. M. Terrier thought it would be well to try this method, for if it succeeded, as reported by Murphy, the treatment of strangulated hernia would be singularly modified.

—The Medical Press.

THE CONSERVATIVE TREATMENT OF DISEASES OF THE UTERINE APPENDAGES.

As to the conditions and within what limits conservative surgery may be practiced, he says: "When, after the operation of laparotomy in response to clinical indications, we find ourselves in presence of lesions which have profoundly disorganized the appendages: as, for instance, a pyosalpinx with abscess of the ovary; or, again, an entire cystic transformation of the ovary, and parenchymatous alteration of the fallopian tube, it goes without saying the only thing practicable is ablation. But in many cases operators practice extirpation for less serious lesions.

Suppose the case in point to be a hydrosalpinx, with relative integrity of the ovary, simply strewed with small follicular cysts the size of a pea; or

else suppose the fallopian tube to be found intact and permeable in all its extent, while the ovary alone is found to be attacked by diffuse ovaritis, sclerosis, and microcystic degeneration; or containing cysts larger, but limited. Certainly in cases of this kind total extirpation may appear too radical a procedure. In point of fact, a certain quantity of normal ovarian tissue still remains, and the fallopian tube is permeable, or susceptible of becoming so. We may then conceive the hope of preserving a part of the ovary, and restoring the functions of the oviduct in re-establishing its orifice and calibre. The first of these hopes has led to partial resection of the ovary; the second has given birth to salpingostomy, or re-establishment of an artificial ostium by partial resection of the fallopian tube.

I hasten to say that I have no faith in operations performed with the hope of restoring the functions of a diseased fallopian tube. I believe that once having been attacked by acute inflammation it has become definitely incapable of fulfilling its physiological role. The abdominal aperture may be reopened by detaching the agglutinant fringes, or even an artificial orifice created at the side of the normal one now obliterated, as Skutsch and Martin have done. But I believe this work to be useless, as is easily proved by the following considerations: In the first place, the calibre of the fallopian tube, momentarily re-established by catheterism, will always have a tendency to be obliterated again; also, even were the calibre to remain fixed, it would not suffice to assure the migration of the ovules. The role of the fallopian tube is not that of an inert duct; this tube is essentially active; the integrity of its texture, the persistence of its vibratile epithelium, and its contractile fibres are conditions indispensable to its functions. Thus an inflammation of some duration must surely destroy or definitely paralyze these active elements.

For these reasons I eliminate partial resection of the fallopian tube from the number of conservative operations. I believe that these may be attempted only

when the tube is healthy, the ostium open, and its calibre permeable. In other words, I consider partial resections justifiable for the ovary only.

I shall not be long in demonstrating that a small quantity of ovarian tissue suffices to assure the regularity of menstruation and to permit fecundity. The richness of ovules in this organ is well known; however small may be the fragment preserved, it contains thousands of germs.

In the case of partial resection of the ovary the persistence of menstruation is constantly remarked, and several observations prove that its fecundity is preserved. It remains to be determined in what cases of lesions of the ovary a partial operation may be made, and to decide the nature and technique of this operation. I would establish as a general rule that whenever the fallopian tube is healthy, and the ovary alone diseased, we must endeavor to preserve a part, and only at the last extremity

ABSCCESS.

Never try fluctuation across a limb, always along it.

Never forget that:

1. Abscesses near a large joint often communicate with the joint.
2. Abscesses near a large artery sometimes communicate with the artery.
3. Abdominal wall abscesses sometimes communicate with the gut or the solid viscera.

Never forget that early openings are imperative in abscesses situated:

1. In the neighborhood of joints.
2. In the abdominal wall.
3. In the neck, under the deep fascia.
4. In the palm of the hand.
5. Beneath periosteum.
6. About the rectum, prostate and urethra.

To wait for abscesses to "point" or to "burst" in these situations is culpable as well as cowardly.

Remember the frequency with which hematomata and traumatic aneurism have been mistaken for abscesses, and incised with untoward results.

Do not open an abscess anywhere near a large artery without first using a stethoscope, and then only by Hilton's method (i. e., scalpel, director and dressing forceps).

Never, under any circumstances, use for exploratory puncture "that surgical abomination—a grooved needle"—for it will allow contamination of all the tissues through which it brings the fluids. (Thornton.)

Never plunge in opening abscesses; never squeeze the sac after doing so.

Do not forget that your incision should radiate:

1. In abscesses pointing near the nipple.
2. In abscesses near the anus.
3. In scarifying the chemosis of the cornea.

And that your incision should be longitudinal:

1. In the hand.
2. In the urethra.
3. On the vertex.

Do not forget that incisions for abscesses in neck and face should run parallel with the wrinkles and folds.

Do not be afraid of hurting the lacteal tubes in mammary abscess. More harm is done to the gland by the enlargement of the walls of the abscess than by a free incision.

Never make a palmar incision except in the middle of the lower third and in the axial line of the fingers or at the sides of the palm.

Do not forget, in opening a deep abscess in the lumbar region without the projection of the abscess, to cut down opposite a transverse process, not between them, for fear of wounding a lumbar artery.

—Atlanta Med. and Surg. Journal.

ERRATA.

We are always sorry that errors of any description should occur in our columns, but when they do occur we are glad to make amends by correcting the same as soon as possible. As the manuscripts we receive are not always typewritten often errors occur which are excusable.

On page 335, May 26 issue, first column, sixth paragraph, read "abdomen" in place of "obdurate."

On page 343, June 2 issue, second column, middle of second paragraph read "cardiac dyspnea" instead of "cardiac dyspepsia." On page 351, second column, title of article read "Branchial" instead of "Bronchial."

Therapeutics.

Under the charge of LOUIS LEWIS, M. R. C. S., Philadelphia.

AN OCCULT PHYSICIAN.

In a small churchyard in the hamlet of Bersted, Kent, rest the remains of an erudite exponent of the mysteries of Theosophy. His name was Dr. Robert Flood, or Robertus de Fluctibus, and he was known as "the English Rosicrucian." He was the author of numerous philosophical and theosophical works, which are eagerly sought by readers of the curious. He was also a famous physician, as, indeed, were many other students of the occult sciences, to wit, Cornelius Henry Algrippa, John von Helmont and Dr. Henry More. Flood was a son of Sir Thomas Flood, treasurer of war to Queen Elizabeth, and he bore a striking resemblance to his contemporary, Shakespeare.

Among his literary productions were several quasi-medical theses, "Anatomia Theatrum triplici effigie designatum," "Medicina Catholica seu, Mysterium Artis Medicandi Sacrarium," and "Pathologia Demoniacæ;" but the majority of his works bore especial reference to Rosicrucian mysteries, and he indulged in the loftiest and sublimest philosophical speculations. Among his writings may be found the following quaint, beautiful conceit of the Rosicrucians respecting music.

"The Rosicrucians contend that music or melody pervades all nature, and is the wail or plaint of the instinctive soul for its 'Lost Paradise.' It is the atmosphere of the spirits; and discords represent the inharmonious strife amidst the sounds in which malevolent spirits are stimulated to their evil courses. According to the Cabalists, music is essentially a power; through it, originally, everything was possible, as the gift of God; and He created the world by its means. Music is always present, though man cannot hear it, except when apprised by his senses. But his heart is its home—if he has one, and not a mere animal's mechanical throbbing machine. The air is always replete with music, and we extract it thence by scientific commotion of the atmosphere through the agency of musical instruments."

Dr. Flood graduated at Oxford, and was a member of the London College of Physicians, M. B., M. D., B. A. and M. A. He practiced medicine in Coleman street and afterward in Fenchurch street, London, and died in 1637, in the reign of Charles I.

LOUIS LEWIS, M. D.

NEW REMEDIES OF LAST YEAR.

The following extract from Treat's Medical Annual section of "Progress in Pharmacy" furnishes briefly some accurate facts on the latest new remedies:

Chloralose, a compound of glucose and chloral; recommended as a hypnotic, and favorably reported after clinical trials by European and American investigators; has recently received a serious set-back, however, by adverse reports—including cases of poisoning.

Crystallin, a compound of ether and methyl-alcohol, a substitute for collodium; the advantages claimed for it are that it evaporates more slowly than collodium, forms a more durable and pliable or elastic covering, etc.

Di-odoform, a compound of carbon and iodine (about 96 per cent. of the latter); a new odorless substitute for iodoform, non-irritating, and as good a healing antiseptic as iodoform.

Ferratin, presenting artificially the "iron component of animal food;" a dietetic iron preparation from egg-albumen and iron salts with the aid of alkalies; containing 7 per cent. of iron; a brownish-red powder, almost odorless and tasteless. Easily assimilable, nourishing and strengthening, it is a food and blood tonic, highly recommended for anemia, chlorosis, loss of appetite, etc.

Sanguinal, another blood preparation, said to be a defibrinated, boiled-down blood with hemoglobin, consisting of 46 parts natural blood-salts, 10 parts oxyhemoglobin, and 44 parts peptonized muscle-albumen; it can hardly be a savory morsel, and is dispensed in palatable tablets—for that reason, probably.

Somatose belongs in the same category; it is a nutritive product, 1 part representing 6 parts beef; occurs in granular powder form, easily soluble in water—so that it can be readily added in drink or food without patient's knowledge; is quickly absorbed, light on the stomach, and strengthens and nourishes the system naturally.

Abrastol is a new intestinal antiseptic, a sulphonated naphthol derivative.

Gallanol, a substitute for pyrogallol, is produced by boiling tannin and anilin oil together, with other manipulation. It is applied in eczemas, psoriasis, and other skin affections; reports are favorable, and it has come into extended use in a surprisingly short time.

Formalin is a new disinfectant; a powerful bactericide, but comparatively non-toxic; safer to employ in 1/2 to 1 per cent. solution than the usual carbolic acid or sublimate solutions.

IMPACTED CERUMEN.

To dislodge hard, impacted wax from the ear, Dr. Dundas Grant (London), recommends a solution, consisting of 15 grains of bicarbonate of soda, three drams of glycerine, and distilled water to make an ounce; to be dropped into the ear, warm, followed by persistent syringing.

—*"Med. Times"* or *"Hospital Gazette."*

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

THE VALUE OF THE GONOCOCCUS IN LEGAL MEDICINE.

In new born children the eye, being more exposed to contact with the vaginal walls of the mother, is more frequently attacked with ophthalmia than are the genitalia.

Thus in 200 accouchements of women affected with gonorrhea, it is likely that 197 cases of ophthalmia will present themselves against 3 of vaginitis.

Morax has cited the case of a child having specific vulvo-vaginitis, who, touching the eye of a companion with her finger, communicates the disease to that eye. We can also recall the observation found in Cazenard's annuals, in which a woman with gonorrhea, taking a bath with her two children (girls), communicated the disease to them.

As regards gonococci, acquired in the venereal act, their origin may also be various.

Hovand thinks that in women gonorrhea is due to sodomy (in prostitutes) or to violation (in children) more than to propagation. He has also published a case contracted by a coitus "ab ore" with a woman whose mouth presented nothing abnormal, the conclusion being that the gonococcus had been deposited in the mouth by a previous coitus of the same kind.

The authors are not absolutely agreed as to which mode of infection is most important.

Krathier concludes that infection by coitus is the rule and other modes of infection are the exceptions.

Cohen-Brach on the contrary gives statistics of 20 cases of gonorrhea—there were only found 3 cases of infection from violation, while 17 were due to indirect infection.

Edward Martin also says that in little girls vulvo-vaginitis is but rarely due to crime, but generally to the accidental transfer of pus to the genitals.

Modes of infection:

By cloths, towels, sponges, etc., whilst moist pus continues to live, especially in summer. It is probable also that even when desiccated it is still active. As regards the infecting power of the urine,

we have an experiment by Oppenheimer. He soaked a thread in a culture of gonococcus, then placed it in urine; he sowed this thread in a culture tube and obtained colonies of cocci.

If the patient, however, had taken copaiba, he obtained no result.

The normal urine does not, therefore, kill the cocci, and it is likely on micturition that the first jet, distending the urethra washes out the mucous and germs. When, therefore, gonococci are found in a medico-legal case, it cannot be affirmed that they are due to coitus or violation. In adults showing them in the urethra, there is much more likelihood of their being due to this cause.

Still the opinion of Levi, who sees a criminal in every person accused, whose urethra contains cocci, if the victim's also contains them, must not be taken as absolute proof, especially in the case of young girls.

—Annales de Med.—E. W. B.

THREE CASES OF MENIERE'S DISEASE TREATED BY HYPODERMIC INJECTIONS OF PILOCARPINE.

One of the patients had for a long time suffered from inflammation of the middle ear, complicated with labyrinthine hemorrhage.

The other two were attacked with a disease of the meniere type, which broke out without previous affection of the ear.

The author used on these patients a series of injections, commencing with a half centigramme of pilocarpine and raised finally to a maximum of two centigrammes per day. The improvement was marked.

This treatment of the vertigo of this disease is most rational, as it has been proved of value in other rapid effusions, as peritonitis, pleurisy, etc.

EPILEPSY.

Bromide of potassium....	100 parts.
Tincture of calabar bean.	35 "
Water	470 "

Gives drams iv increased to drams vj and finally to ounce j daily.

— Poulet.

Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., 44 West 46th St., New York.

THE CARE OF THE HOLTZ ELECTRICAL MACHINE.

The editor of this department frequently receives letters of inquiry from physicians in regard to various details connected with the satisfactory operation of the static machine. Scarcely any important apparatus used in medicine is so lacking in hand books of reference as this peculiar form of electrical battery, and this fact becomes very forcibly impressed upon one who enjoys a large and varied correspondence upon the subject of electro-therapeutics. Occasional trouble must be expected from almost any kind of mechanical appliance, but, if properly handled, the Holtz machine will not contribute more than a fair share to the annoyances of those who use it. If it discharges every day—"often in a few" minutes after being changed—it is probable that mismanagement is to blame, rather than the machine. I, therefore, shall proceed to give a brief description of the proper care of this apparatus.

It is an important starting point in the perfect working of the static machine that it should be properly set up in the physician's office. It should stand evenly and firmly upon the floor, so that when in rapid motion it will neither jar nor shake. The plates, combs, collectors and all the internal parts should be correctly adjusted, so that none grate upon each other. Without an accurate primary adjustment of the machine, it cannot be expected to operate satisfactorily.

The revolving glass plates should turn evenly and smoothly, and, when everything is in proper order, the machine should be practically noiseless in action. The familiar musical instrument, known as the piano, requires a certain amount of care to keep it in tune, and in many respects a static machine resembles a choice piano. It should be placed in a large, dry room.

An inner room, or one in which the sun freely enters, is to be preferred. It should be covered when not in use and should be carefully dusted and pro-

tected from dust as much as possible, for there exists a remarkable affinity between all parts of the static machine and the floating particles of dust in the atmosphere of a room. It should not be placed near an open window or exposed to the entrance of rain, fog, mist, or damp air. The external metallic and rubber parts should be kept clean and bright with a finely-ranged jewelers' chamois. The electrodes should be similarly treated.

A little attention to these details will maintain the beautiful appearance of the machine and prevent its looking tarnished and neglected. In fact, the case, platform rod and chains should be kept scrupulously clean, bright and dustless. At the very commencement the interior of the case—the glass plates and all parts of the machine—should be absolutely dustless and dry, and ever after kept so. The problem of keeping the interior dry deserves special attention, for the successful employment of the machine depends very much upon the absence of internal moisture. During the seasons of the year when the atmosphere of the house or office is artificially dried by furnace heat, there will be no additional necessity to dry the interior of the machine, but in summer, when no fire can be used, and when the doors and windows are continually open, every rainy or muggy day will saturate the air of the house with moisture. This is the period of discontent for the static machine, but its evils can be greatly moderated by judicious care.

Various expedients have been suggested to dry the interior parts. A hermetically sealed jar of cracked ice and salt placed within the case will attract the moisture to its surface, where it will be congealed. An alcohol lamp, or heated flat-irons are also advisable in an emergency.

For the same purpose an electric light has been kept burning in the case night and day. If it is a warm, sunny day, and the situation permits, the door of the case may be temporarily opened for a drying sun bath, but the above expe-

dients are of doubtful value, and one and all of the methods mentioned may wisely be discarded for the following plan: Obtain two porcelain, glass or metal dishes of proper width to enter the case and sufficiently long and deep to hold together at least ten pounds of chloride of calcium. That made by Charles Cooper & Company, of New York, has been found most satisfactory by the author. Its cost is somewhat more than others, but it is worth the difference. It is furnished in hermetically sealed containers of ten pounds each. It is usually taken from the can and put directly into the machine, but this should never be done, for it is exceedingly hygroscopic and always contains more or less water. Unless this is first removed, and the chloride thoroughly dried, it will liquefy more rapidly and do less work in the case. Accordingly place half of the contents of the can in each receptacle, and bake it in a hot oven until the calcium is white as chalk. This may require but a few moments, or it may take several hours or even an entire day, depending upon the quantity of moisture to dry out and the relative heat of the oven; but bake it until it is thoroughly dry, no matter how long it takes. Then lift each dish from the oven, well covered with a heavy towel, and transfer it quickly to the interior of the machine while hot as it can be handled.

Instantly screw fast the door and close the case as tightly as possible. In a very short time the machine will be prepared to recharge and operate. The chloride of calcium may be rebaked whenever it has again partially liquefied, and by using dishes which can be put in the oven without injury, the same material can be used again and again with very little water. This method will be found adequate and satisfactory, and no other will be required in a properly cased machine.

It should be a frequent habit also to test the doors and see that they are closed as tightly as possible. It is a good rule never to open the doors except when necessary, and then only upon a dry day. The author would suggest that the dishes for the chloride of calcium should be made with an orifice in the bottom to carry off the liquid which generally forms into a drip pan underneath. With well-dried chloride of calcium in-

side of the case, with the case covered when not in use, with the grounding chain and conducting rod removed, and the poles drawn widely apart, the machine will rarely be found discharged. An additional precaution will consist in giving the plates a few rapid turns and thereby developing a lively charge when leaving the machine for the night. The bearings should be kept carefully oiled wherever needed, but use only the finest sewing machine oil, and apply it sparingly and only when necessary, as too much oil gums the bearings and is objectionable. If the precautions herein mentioned are followed, there should be no trouble in maintaining a charge in any climate or at any time of year when it is not too hot to permit a fire in the room even though the weather out of doors may be damp. It is only in the sultry and hot days of summer when the dampness of the atmosphere is extreme, and we can not tolerate an artificial heat to remove it, that some degree of trouble in operating the static machine is unavoidable.

The extent to which its functions are impaired will, however, depend largely upon the management of the physician using it, and by adherence to the foregoing suggestions, and the exercise of reasonable care, it will scarcely ever fail to perform a satisfactory amount of work, even under the most unfavorable conditions. I use a small inexpensive Wimshurst charger, which practically does away with all dread of my machines discharging.

S. H. M.

The June number of "Tales from Town Topics" contains a complete novel called "An Unspeakable Siren," it being a story of modern society in New York. The heroine is a highly original character, and the treatment of the subject is clever throughout. A bright collection of short stories, sketches, poems and witticisms taken from Town Topics accompanies the story, the whole volume making a tempting summer book. Town Topics Publishing Co., 208 Fifth avenue, New York City.

Dr. William R. D. Blackwood has removed to his new residence, No. 852 North Twenty-third street, Philadelphia.

Miscellany.

DR. PALMER WINS.

Dr. C. D. Palmer won one of the most malicious malpractice suits ever brought in Cincinnati on the 26th of May, after a bitter fight in Judge Evans' Court for two weeks. In 1888 the doctor operated for rupture of the perineum on a patient and broke a needle. The fragment could not be found either in the soft parts or on the floor. After spending ten or twelve minutes searching for it, the patient not doing well under the anesthetic, the operation was concluded and the needle not found. The after treatment was continued by the doctor and search made for the needle when removing the sutures. While the patient was still confined to her room, Dr. Palmer was thrown from his buggy in a runaway, and lay as one dead for weeks, not being able to return to his practice for a year. In the meantime the patient placed herself in the hands of another surgeon for another operation. The operator found the fragment encysted where it had been left. Suit for \$10,000 was brought by a couple of "briefless barristers" for a contingent fee. The editor of the Cincinnati Lancet-Clinic used some severe language editorially concerning the young attorneys, and they procured a horse whip and went around to the sanctum to horsewhip the editor. They had, however, miscalculated muscle, and got the beating themselves, and fled, leaving their arms behind. The editor went to Police Court with the whips as trophies and had them arrested and fined for assault and battery. This aggravated the youths, and the case was pushed with great hatred. The jury was a remarkably good one, the plea of the attorney for the defense, Judge Conner, whose father was a doctor and whose brother is Dr. P. S. Conner, of Cincinnati, was a noble effort; the charge of Judge Evans was a masterpiece of law, and should be read by every doctor in the land. The jury was all for the defendant on the first ballot. Dr. Palmer has been Professor of Gynecology in the Medical College of Ohio for a quarter of a century, and is connected with the Cincinnati and Presbyterian Hospitals.

MEDICAL ANECDOTES.

Francis Umeau, or Vineau, of Portiers, a celebrated physician of the seventeenth century, had a very amiable wife, but he himself was not very moral in his conjugal relations, which often caused gossip. His behavior even went so far as to require a reprimand from the pulpit.

A cordelier, among others, publicly took him to task in a sermon on adultery, in these words: "We learn that there are persons among us so lost as to give themselves up to this sin, although they have in their own homes women so agreeable that, as far as we are concerned, we could well content ourselves with."

Bouvard, one of the most learned as well as brusque physicians of his times, was one day called to attend the Archbishop of Rhines, who was suffering from violent colic.

"I am coming," said Bouvard, who, however, did not stir.

"For the love of God, sir," said the messenger, "do not wait any longer. Monseigneur is suffering the tortures of the damned—"

Said Bouvard: "Already!"

—Rev. Medicale.

It appears that under the most absolute monarchies there have been less restrictions than under republics in the way of the dedications of books. Cardinal Mazarin made no difficulty in accepting the homage of a work on Callipedia, or the art of begetting fine children; Nicholas Massa dedicated his treatise on venereal diseases to Cardinal Charles Borromeo; and Ulric de Hutten did the same to the Elector Albert. The name of the physician who dedicated a work on the same subject to the Abbess of Caen is not known.

There is at Laval, in the Church of Avesnieres, a large St. Christopher whose legs bear numberless pin holes. They say they are made by young people about to marry and who thus supplicate the saint for his protection.

There is also at Chateaubriand a statue of the virgin to which they bring pins which they cast into the fountain beneath the statue, with the idea of curing eye troubles.

—Rev. Medicale.

The Times and Register.

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WHOLE No. 823.

Original.

PRESIDENT'S ADDRESS.

DELIVERED BEFORE THE AMERICAN MEDICAL ASSOCIATION AT THE FORTY-FIFTH ANNUAL MEETING HELD AT SAN FRANCISCO, CAL., JUNE 5, 1894, BY JAMES F. HIBBERD, M. D., LL. D., RICHMOND, IND.

Continued from last number.

Many of you may remember that the last Congress of the United States was about to refuse an appropriation to continue and complete the publication of the Index Catalogue of the Library of the Surgeon General's Office, the venerable chairman of the House Appropriations Committee alleging that the medical fraternity were demanding too much; in fact, had already received more than the lawyers or any other professional guild. This state of affairs becoming a matter of common fame, some physicians interested their representatives in the House by presenting to them the true state of affairs, with the result of a concerted effort being made in the House to enlighten the assembly to the extent of convincing the members that this was not an appropriation for the benefit of the medical men, but to complete a great educational work for the benefit of the whole people, the doctors' relation to it being that they must do the work because no other class of men were trained to the service. The appropriation was saved, and the catalogue is nearing completion.

But there is still a point in connection with the appropriation for the library that needs attention that can probably be better given by this association than otherwise, and that is the restoration of a part of the appropriation for the support of the library which was dropped by the last Congress, and the cut contained in the Military bill before the present House. For twelve

years the appropriation was \$10,000, but the last Congress reduced it to \$7000, and the present Congress proposes to continue the reduction. Doubtless most Congressmen, and, possibly, some physicians, regard the library of the Surgeon General's Office as an ordinary department library intended mainly for the use of the medical officers of the army, but in truth it is the National Medical Library, open to and used by physicians from all parts of the country, and the possibility of finding at one place in this country the greater part of the literature on any medical subject has exercised a powerful influence on American medical literature and education.

The library aims to obtain every medical book, periodical and report published in any country or language as soon as possible after its issue, and have it at once catalogued and indexed and made available for use. This requires about \$7500 annually. There are still between 20,000 and 30,000 volumes of medical books published years ago required to complete its equipment to meet all calls made upon it. These volumes are out of print, and only to be obtained from second-hand book sellers, and auction sales, as opportunity offers, and will involve, say, \$2500 spent annually for perhaps 10 years. Does not this condition of the library and its support make a demand on this association for aid either as an organization or through the influence of its individual members on their respective members of Congress?

The desirability of supervision of public health by the general government has been recognized by this association for many years, and manifested in various ways. Four years ago a committee, with Dr. C. G. Comegys chairman, was appointed to prepare a bill, and petition Congress on behalf of the Association

to establish a department of public health, with a secretary for its chief, who should be a member of the President's Cabinet. This committee has done much earnest work, drafted a bill and presented it to Congress, devoted labor and time personally to its advocacy before committees and members of Congress. The committee has been continued, somewhat modified, and has reported annually to the Association, and will present an interesting report to this meeting, to which I invite your thoughtful attention. Last year the Association appointed another committee, with Dr. U. O. B. Wingate as chairman, to consult with a like committee of the American Public Health Association, which has for several years been engaged in an effort to induce Congress to enact a law placing the supervision of the public health in charge of the general government. This committee will also submit a report for your consideration.

Other organizations have likewise entered Congress with petitions asking that the general government be clothed with authority to execute measures to assist in protecting public health. Much good may be anticipated from the attention these several sanitary organizations will excite both in the Congressional and public mind, and I doubt not that when the agitation has accomplished the valuable result of cultivating a knowledge of what is essential to the public welfare it will lead to a union of effort on the part of all workers that will insure satisfactory results.

My interest in the premises is such that during the year I have sought through personal intercourse and a wide range of correspondence to ferret out the best plan for supervision of public health that we can hope to have Congress crystallize into a working law. Without rehearsing details, I feel free to declare my conviction that enough has been ascertained of the sentiment of the Executive and Legislative departments of the Government to rob us of all hope of the establishment of a Department of Public Health within the remainder of the nineteenth century.

A Bureau of Public Health with a Commissioner as its chief, within one of the existing departments of the Government, was apparently within reach of a united, harmonious, aggressive effort of the profession for a year or two previous to the enlargement of the power of the

Marine Hospital Service by the last preceding Congress, but the excellent work of that service at home and abroad since its increase of authority and means has lessened the anxiety of the Government and the apprehension of the public in such degree as to make those in power less attentive to appeals to do what should yet be accomplished.

The outlook at this time for securing a Bureau of Public Health during this session of Congress is not encouraging, but if the problems in silver and tariff and national revenue should be speedily and satisfactorily solved there might appear a ray of hope for a bureau within the life of the present Congress, provided the medical and sanitary professions would make common and joint effort in demanding it.

At present there is no measure formulated in this behalf so worthy of support as the New York Academy bill now in the hands of Congress, and in making this declaration I by no means ignore the fact that strong opposition to that bill has been made by strong men, but I well know that no important measure like that can be inaugurated without challenging adverse criticism; but my abiding faith in the fitness of sanitary human nature for great things is such that I harbor no doubt that if the opposition to this bill presents a better one than it its friends will accept, and if this bill sustains its present status under severest scrutiny its opponents will join in urging its enactment into a law, and thereby vindicate characters at once wise and patriotic.

While a century of experience has convinced the great body of intelligent people that vaccination is the true and only prophylactic for smallpox, it has not carried conviction to the extent its merits deserve and the welfare of the people demands. The causes of this are not difficult to discern. Vaccination and other forms of sanitation have prevented a visitation of an epidemic of smallpox in this country for a generation, and people have lost the fear of its contagion through ignorance of its nature while progressing and its sequels if its victim survives. Add to this the disorders that sometimes follow the insertion of pure vaccine in a cachectic system, and the greater evils arising from the use of spurious or imperfect vaccine and careless vaccination, all open to the observation of the

public and subject to amplification by cranks and the maliciously ignorant, and we cannot marvel that there is a positive distaste for vaccination among a considerable portion of our population, and a carelessness about securing it on the part of a much larger number. A knowledge of these facts should only inspire physicians and other sanitarians, who are the custodians of the knowledge of the value of vaccination, to redoubled activity in devising and executing popular methods of instruction as to the entire reliability of vaccination to protect from smallpox, as much so as smallpox itself, and that with pure vaccine inserted under proper conditions into the tissues of a person fit to receive it, there is positively no shadow of evil, but a promise of good not surpassed by any other single measure of preventive medicine.

Evidence accumulates that the undetermined conditions that conduce to the propagation of smallpox are now, and for at least two years have been, prevalent in this country, resulting in outbreaks of the disease more or less serious in various parts of the country and too often leaving foci from which fresh infection is distributed. Under these circumstances it seems to me the reasonable duty of this association at this time to declare and proclaim its unabated faith in the virtue of vaccine to protect from smallpox, to render persons as immune against variola as an attack of variola itself, and that it is innocent of all mischief when the vaccination is done by a vaccinator who is competent to judge of both the purity of the vaccine and the fitness of the vaccinee.

Let us abide in the hope that the Jenner centennial celebration provided by this association and to be a part of its exercises at the annual meeting in 1896 may bring out the boundless blessing of the discovery of the immortal Jenner in such wise that all men shall see and acknowledge its protecting power, and even the wayfaring man, though a fool, may not err by further causeless cavil.

Two leading purposes the fathers of this association had in view at its organization demanding its serious consideration were the elevation of the standard of medical education, and that the authority to decide upon the sufficiency of the qualifications of a candi-

date for a diploma should not rest with his teachers.

Much has been done in advancing the extent and character of the collegiate instruction of medical students; the examination of candidates for diplomas is still conducted by teachers who instructed them, as was done then, and is no more satisfactory to the thoughtful minority of the professors now than it was then. Forty-eight years ago seven professors was the conventional number of the faculty for medical colleges, and the annual term was 20 weeks, and in the two terms required for graduation the students heard the same lectures each year. Now, there are medical colleges requiring attendance four years, of seven months each, on graded courses under, in some instances, as many as 48 instructors. This, for the equipment of graduation, while one post-graduate school announces 164 instructors. Certainly the association has ground to congratulate itself on the fruits of its persevering labors to secure more thorough medical education; but this has been the theme of so much of the literature of the association that I drop the general subject and confine my remarks to one suggestion as to a particular line of instruction.

The progress of medicine in the immediate future must be along biologic lines, and to me it seems desirable that every medical college should have a chair devoted especially to instruction in biology. Within the current year, responding to an invitation to make some remarks on matters pertinent to a lecture on bacteria which has just been delivered, a gentleman of superior culture, of extensive travel and acute observation, a lawyer by profession and a statesman by practice, said that the status of physicians had within comparatively a few years undergone a marked change. In earlier historical times the priests were accounted of highest rank and worth in the civil professions; then came a period when the devotees of statecraft received highest honor and exercised most potent influence in the affairs of men. Physicians as physicians held subordinate rank and positions, both in war and in peace, but in the last few decades the relations of these professions among themselves, and in their standing before the world, had been undergoing significant change

until from being the lowest, physicians were now rising above the other liberal professions and would steadily move forward until they were accorded the first place among the honored people of the world, and this for the reason that they have devoted themselves by rigid scientific investigations to make patent the causes of disease, and to determine exact measures for emasculating these causes, and for neutralizing their effects when they have eluded detection or escaped emasculation. My own sentiments accord entirely with the spirit of the views enunciated by the learned gentlemen, and my estimate is based on the results of the more exact methods applied to the investigation of the laws by which the omnipotent Creator has fashioned the world and continues its government. The microscope in skilled hands, and its revelations, compared and classified with scientific acumen, have revolutionized our knowledge of the world of living things below the world of macroscopic living things, and in this manner, and to us, newly revealed worlds have been discovered—the generators of the most extensive, persistent and malignant epidemics that periodically decimate the earth, as well as many of the most frequent and intractable, and fatal disorders that we have always with us. All this knowledge has been wrought out by the devotees of one branch of biology, and another line of biologic workers have carried us back through the morphology of organs, tissues and cells to the origin of vital activity in protoplasm, and, still more important, in doing so have given us glimpses of the origin and development of the somatic mind that will, when the scheme of nervous organization and function shall be clearly portrayed, dissolve the mystery that has in the past obscured our realization of the true nature of hypnotism, Christian science and other anomalous neuroses which the sciolists and, in an especial manner, those claiming to be doctors are promulgating and practicing to the discredit of true scientists and the injuring of the ignorant and weak-minded classes.

We should apotheosize protoplasm, the dividing line between inorganic and organized matter, itself at once the result of the law of perpetual motion with which the Creator endowed the atoms of ele-

mental matter and the beginning of that phase of energy known as vital activity, which, in its development as now presented to us, constitutes the entire vegetable and animal kingdoms.

No one people or class of people can claim exclusively to have opened the way into this more primitive arena of nature. The physicists of all nations, botanists, zoologists, anatomists, physiologists and their congeners have all participated in their progress. Schwann, Virchow, Ferrier, Jackson, Pasteur, Koch and Steinberg may be mentioned, without prejudice to the labor, name, or fame of their many coadjutors, as examples of what benefactors to our race scientists may become whose genius lifts them to a plane of investigation not covered by the curricula practiced in the medical schools of their day, and their distinction is due to their advanced study of biology.

This review impresses me with the importance of establishing in each of our medical colleges, where a finished education is intended, a chair especially devoted to teaching the principles and practice of biology on the lines, and to the extent herein indicated, from whose alumni we shall have more quickly arise neophyte Virchows, Pasteurs, Jacksons and Steinbergs, whose labor, when further advanced, shall hasten the day when the world shall recognize the medical profession as the paramount benefactors of the human race, by virtue of suppressing the causes of all preventable diseases, and alleviating the suffering, shortening the duration, and lessening the ravages of such as cannot be prevented. And with this higher estate of the disciples of Esculapius will come such insignia of real knowledge, such fruits of expert skill that he who runs may read the lines that broadly separate the true physician from ignorant or unscrupulous pretenders.

Amendments to the constitution are always pending, sometimes many, sometimes few. Those submitted the preceding year are disposed of at each annual session, but others take their place for consideration at the succeeding meeting. Few of these are approved by the association, being lost through failure to receive the support of three-fourths of the delegates present, or by not being called up by their authors or others.

Last year a special committee ap-

pointed at the last preceding meeting made a report remodeling the entire constitution, which necessarily laid over until this meeting, and the committee, being continued, will make further report here and the whole subject will come up for final disposition at this session. It is apparent to all who have given attention to the matter that there is much feeling among the members who have been active in working up the changes that will be offered as a substitute for the constitution as it now exists, and also among those who regard the innovation an evil instead of a benefit. But while these feelings are right and proper in themselves, they need not claim other than watchful attention to secure a fair and unbiased expression of the will of the association according to the method perscribed by our laws, and in so doing there is nothing to excite passion or interfere with that calm deliberation that distinguished the proceedings of an assembly composed of cultured, refined people, seeking the welfare of the guild to which they belong. This may readily be done by taking a vote to determine whether the voters present desire any change in the existing constitution. If the decision is against any change the affair is concluded for the nonce. If the decision expresses dissatisfaction with the constitution as it is, the next question should be, is the report of the committee of revision precisely what the voters want as a substitute? An affirmative vote here settles the matter, and a negative vote will call for amendments that will adjust either the existing constitution, or the committee's substitute, until it conforms to the wishes of the delegates. Is it not palpable to every considerate mind that all this may be done without excitement of any kind and with a minimum waste of the time of the association?

And so, too, with our code of ethics. For many years there has been a feeling among many most excellent and intelligent working members of our guild that the code did not fairly accord with the demands of the advanced profession in their intercourse with each other, nor with the proper reciprocal relations between the profession and the public. While, on the other hand, many members equally intelligent and devoted to

the association have felt that the code of ethics that has guided the association through nearly half a century prosperously and honorably and still a reliable guide in every advanced thought and action, cannot be bettered for our present status, and should not be disturbed. At Detroit in 1892 this agitation culminated in the appointment of a committee to inquire into the expediency of revising the code. This committee last year submitted two reports, the majority recommending an amended code and indicating the lines on which emendation should proceed. The committee was continued to complete its labors, and the first of its service will be before you in an extended report. The minority report claimed the sufficiency of the code as it is and recommended that it be left intact. Here, also, even more than with remodeling the constitution, there is much warmth of feeling, and, as in that case, a little calm forethought will convince that a primary vote involving the question whether or not the voters want any alteration of the code may end further consideration of the subject without excitement, confusion or over-warmth of feeling by a decision to let the code stand as it is, and a contrary decision will call for such further procedure as recited for the completion of an amended constitution, and in this, as in that, the work should be done as intelligent and fair-minded citizens transact important business, with decorum and without waste of time.

Touching the sufficiency of the constitution and code of ethics of the American Medical Association as they are now, I have well-settled convictions, the result of many years' observation, experience and reflection, but I am not here to proselyte to my opinions; as I interpret my mission on this occasion, it is to exercise my influence and use my authority to secure to those here entitled to vote a clear expression of untrammelled judgment, and to encourage a cheerful acquiescence of all parties in whatever conclusion may be thus reached.

Shall I not have the co-operation of every friend of the American Medical Association present in this laudable effort?

The End.

ADDRESS

OF THE CHAIRMAN OF THE SECTION
ON OPHTHALMOLOGY OF THE
AMERICAN MEDICAL ASSOCIATION. ALBERT R. BAKER,
M. D., CLEVELAND.

Continued from last number.

Because the ophthalmologist fails to relieve a headache by the use of spectacles or a tenotomy he has not exhausted all the resources of his art, and even though he refer the case to the general practitioner he should be able to make intelligent suggestions as to the future management of the case. It is possible to have reflex troubles originating in the eye not due to refractive errors, or muscular insufficiencies and possibly not manifested by gross pathological changes in the eye itself. On the other hand it is possible to have pain referred to the eye as the result of some constitutional disease, or it may be of some local disease in a distant portion of the body.

The tendency to supply every town and village with one or more oculists, so called, who limits his practice to the treatment of eye diseases, is not for the best interests of the patient or the profession. The helplessness of the average medical practitioner in a small town, when some young gosling comes to the village with his six weeks' post graduate instructions, brand new trial case and ophthalmoscope is pitiful indeed. The practitioner is made to feel keenly his ignorance of the subject. He knows intuitively that he is being imposed upon by a few big sounding names, but is entirely helpless in preventing this fledgling from giving myopic-lenses to hypermetropes and snipping the ocular muscles of all the bright school girls in the village.

As an example of the ingenuity of these fellows I have in my possession a pair of bifocal lenses, which analyzes as follows: Right eye plus 25 C for distance equal plus 25 C equal plus 50 S for reading. Left eye plus 25 S equal plus 50 C axis .75 for distance, and plus 1. S equal plus .50 C axis .75 for reading. These lenses were given to an Oberlin student aged 18, who has a simple hyperopic astigmatism of 75 D axis 90 in each eye.

Every practitioner should possess an ophthalmoscope and a few trial lenses and he should be able to fit spectacles much better than the jewelers and druggists who style themselves opticians, and I see no reason why he should make such ridiculous blunders as the above. That every practitioner who knows a little more about the care of eyes than his neighbor should pose as an ophthalmologist and limit his practice to eye diseases is almost as ridiculous as the extravagant claims of the jeweler-optician.

After an apprenticeship of 10, 20 or 30 years the ranks of the ophthalmologists should be recruited from these practitioners who have given the eye and its diseases special study. There is a considerable amount of work which requires especial skill and experience on the part of the ophthalmologist in the diagnosis and treatment of eye diseases. It is not possible for a man to make a skilful cataract extraction who only has the opportunity to make the operation once or twice a year, nor is it possible to distinguish between a case of chronic glaucoma and atropic cupping of the disc by one who sees such cases but once or twice in a lifetime. To make skillful operators and acute diagnosticians the specialist must have had a wide experience; and this can only be secured by a long apprenticeship with exceptional opportunities for study and practical experience in the performing of delicate manipulations and the making of difficult operations.

The specialist is the general practitioner's most valuable assistant. He supplies him with skilled hands to do that he cannot do. He furnishes him with educated eyes to see that he cannot see. He gives him trained ears to hear that he cannot hear. And he should supply him with a well-stored mind to tell him that he does not know.

When about to select an architect to build a house we found him ignorant and exhibiting poor judgment in matters pertaining to religion, science, literature, art and other subjects about which we knew something, we should distrust his judgment in architecture about which we knew nothing. If this is true in a general way, how much more must the physician distrust the judgment of the specialist who is ignorant of general medicine. The prompt-

ness with which the announcement of the reading of a paper on an ophthalmic subject will empty the seats in our local and State medical societies is discreditable alike to the practitioner and to the oculist—discreditable to the physician because he does not take greater interest in ophthalmic subjects, as no other special subject lends so much assistance in the diagnosis, prognosis and treatment of disease remotely situated. Discreditable to the ophthalmologist, because he does not make his papers so interesting as to compel attention. In order to do this he must, so far as possible, discard technical terms. The necessity of this is largely due to the insufficient and perfunctory manner in which ophthalmology is usually taught in our medical colleges.

A gynecologist has a great advantage in teaching his specialty because of the simplicity of the structures and the previous studies of the medical student in anatomy, physiology, embryology and obstetrics having prepared him for an intelligent understanding of the teaching of the gynecologist. But when the average medical student enters upon his ophthalmological studies it is a veritable terra incognita—he has little knowledge of the anatomy of the eye and its appendages and less of its physiology.

The nomenclature is all new, and because the subject seems difficult it is neglected. The lectures are cut, quizzes avoided, dispensaries not utilized, and the practitioner is turned out with but little knowledge of eye diseases.

One of the principal reasons for this unsatisfactory condition of affairs is that there is not enough time allotted to this subject in the medical curriculum. In some schools, I am informed, the study of ophthalmology is not compulsory. The teacher realizing the hopelessness of instilling any useful knowledge into the mind of the student in the few hours given him is often content to call attention to the most frequent and grave ocular diseases, make a few operations and advise the student meeting such cases not to attempt their treatment, but send them to the nearest oculist.

It does not seem to me that we ought to be content to let this indifferent method of teaching this important subject continue. The use of the ophthalmo-

scope is not more difficult to learn than that of the stethoscope and is of much more value to the practitioner of medicine. The teachers of ophthalmic medicine and surgery ought to decide upon some definite minimum length of time in which the average senior medical student can master a good working knowledge of this subject, and then insist upon being granted this amount of time in the medical curriculum. This would require at least 100 hours; 50 of which should be devoted to didactic lectures, clinics and recitations and 50 to practical work in the dispensary.

My experience as a teacher of ophthalmology has been that those students who leave college with some definite knowledge of eye diseases not only treat more intelligently the cases coming under their care, but are the first to refer suitable cases to the specialist, so that the better education of the general practitioner in eye diseases does not curtail the number of cases referred to the oculist for treatment, but increases the number of his consultations.

The End.

EXAMINATION OF SPUTUM.

Zenoni first recalls how mucus has been shown to stain with anilin dyes, and how this fact has been used to distinguish the sputum of pneumonia from that of bronchitis, as for example, with Biondi's three-color stain. The author, however, prefers saffranin. Bizozero showed how the mucin in cells stains yellow or brownish yellow with saffranin, whereas the nucleus and rest of the cells stain red.

The author spreads a thin layer of sputum on a cover glass, and allows it to remain under alcohol for a quarter of an hour or longer to coagulate. A half concentrated watery solution of pure saffranin is then applied. If examined against a white ground the bronchitic sputum appears yellow, whereas the pneumonic sputum looks red, the difference being due to the albuminous nature of the latter sputum. If these two kinds of sputum are mixed distinct traces of yellow are visible. The method is useful for distinguishing between them.

—Centralbl. f. inn. Med.

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PHILADELPHIA, JUNE 16, 1894.

THE COMPOSITION OF SECRET REMEDIES.

It has been repeatedly pointed out that articles recommended as medicines for the cure or relief of disease by persons who are neither qualified to practice medicine nor authorized to dispense, should, in all instances, have their nature disclosed and their composition plainly stated upon the label of each package, though, unhappily, the law does not require this condition to be observed. The sale of such articles is purely a matter of trade, and in many instances the use of them is attended with danger, and, as a consequence, the trade in secret nostrums and specifics has been mischievously developed by the aid of puffing advertisements. Many of these preparations, however, contain ingredients of a poisonous nature, and they should be labeled with the word, "Poison," as well as the name of the poison, and only be sold under certain restrictions, by duly registered druggists.

THE DIAGNOSIS OF BOVINE TUBERCULOSIS.

The following appears in the British Medical Journal of May 19, relative to the diagnosis of tuberculosis in cattle:

"A somewhat extensive series of experiments has during the past year been undertaken at the Central Experimental Farm of Ottawa, Canada, with a view to discover how far it may be possible to diagnose early tuberculosis in cattle by the injection of tuberculin. Without entering into details of individual animals it may be stated that in all cases in which the characteristic rise in temperature took place after injection, the animal when slaughtered was demonstrated to be a victim of tuberculosis, the seat of the disease being usually the lungs, but occasionally other parts of the body. From November, 1892, to the present time, fifty-four animals have been tested, of which twenty-six have given the reaction indicative of the presence of the disease. From this it would appear that tuberculosis is no less rife amongst American cattle than in the older herds of Europe. We understand that in New York State veterinary inspectors are appointed, whose duty it is to examine the herds in each county and kill infected cattle. A physical examination is first made, and if the existence of tuberculosis is suspected tuberculin is injected, when in case the temperature reaction takes place the animal is killed, a partial compensation being given to the owners by the State. It is reported that during 1893 about 20,000 animals were examined by the inspectors, and that of this number 686 were found infected and were killed. It was observed that tuberculin rarely caused so strong a reaction after the second injection as after a first, even when several months had been allowed to intervene; moreover, when a second injection was made shortly after the first the reaction was usually very slight, or absent, although the animal might be badly diseased; from which it is clear that it would be possible for a dishonest farmer very much to puzzle an inspector by means of a few preliminary injections. Interesting as these investigations are in regard to the utility of tuberculin as an empirical method of diagnosis, we fear they contain nothing to indicate any new line of therapeutic usefulness."

COMMENCEMENT OF THE UNIVERSITY OF PENNSYLVANIA.

This past week observed the most eventful commencement ever held in the University of Pennsylvania.

Though rain prevented the carrying out of many of the plans arranged by the committee, yet all the alumni and students who were present cannot fail to look back upon the week as the most pleasant of all commencement weeks in the history of that institution of learning.

The Academy of Music was crowded with students and their friends at the annual commencement of the medical department and the allied schools, including the dental and veterinary schools. Music was furnished by Wan-nemacher's Military Band. At 12 o'clock the trustees, faculty and graduating classes marched on the stage. The entire parquet was reserved for the graduating classes, while a number of prominent alumni and invited guests occupied seats on the stage with the faculty. The exercises were opened with a prayer by the venerable Rev. Dr. William H. Furness, followed by music, after which the degrees were conferred.

The valedictory address was delivered by Professor Louis A. Duhring.

ABDOMINAL SECTION FOR GASTRIC ULCER.

At a recent meeting of the Royal Medical and Chirurgical Society Mr. T. H. Morse reported a successful case of operation for ruptured gastric ulcer. A young lady, aged 20, having had symptoms of gastric ulcer, was suddenly seized with violent abdominal pain, followed by faintness and vomiting. The pain, which was of a burning character, commenced over the region of the stomach, and gradually extended all over the abdomen. Abdominal section was performed nearly five hours after the rupture. The contents of the stomach were found in the peritoneal cavity. The stomach was withdrawn and a perforation was found on the anterior surface, close to the cardiac orifice. It is most important to observe that the stomach was washed out before the perforation was closed with Lembert's suture. The stomach was then returned, the peritoneum was thoroughly flushed, and the wound united. The patient was fed by the bowel for the ensuing three days, and in three weeks' time her recovery was complete.

— Proc. Roy. Med. and Chir. Soc. Lond., March 13, 1894.

Book Notes.

AN INTERNATIONAL SYSTEM OF ELECTRO-THERAPEUTICS: FOR STUDENTS, GENERAL PRACTITIONERS, AND SPECIALISTS. By Horatio R. Bigelow, M. D.; and Thirty-eight Associate editors. Thoroughly illustrated. 1160 pages, Extra Cloth, \$6 net; Sheep, \$7 net; Half-Russia, \$7.50 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

This work has been awaited with special interest by all who employ electricity in medicine. It is a volume of 1200 pages. In size, scope and quality of its contents it surpasses all previous books upon this subject. It contains thirty-six elaborate chapters, each of which is an able monograph.

No such ambitious literary achievement has ever hitherto been attempted in behalf of electro-therapeutics, and an examination of its many pages, shows how great has been the advance of the past decade. A carefully prepared index will guide the reader to any desired subject and adds greatly to the value of this rather overcrowded volume.

The preface contains a curious table of "preferences" with a "key," the ostensible aim of which is to clear away confusion and doubt as to whose is the best coil, cell battery, meter, etc. The less said of this table the better. Only praise, however, can be accorded the serious portion of the book. It is a rich mine of information upon its many sided themes.

Much as it is brilliantly written. The classic chapter upon galvanism is as fascinating and as charmingly written as one of Macauley's essays; and every practitioner, whether familiar with electricity or not, should read the chapter upon electro-physies.

Perhaps the most disappointing chapter in this excellent work is that upon "static electricity and magnetism." Other sections are far more complete. Upon the whole, the international system of electro-therapeutics is a needed addition to the physician's library, and no one who desires to keep fully posted in the newer methods and means of employing electricity can neglect this important contribution to medical literature. The more thoroughly it is read the more it will be appreciated.

S. H. M.

Surgery.

Under the charge of T. H. MANLEY, M. D., 302 W. 53d St., New York.

SYPHILITIC ARTERITIS.

Among the more common infections of a genital origin there is none more characterized, as this always is, by an agglomeration of the elements of the blastoderm, which is a fixed quality of the lesions of syphilis. It is possible that the vessels derived from this neoplastic formation owe their existence to the direct proliferation arising in consequence of the poison of syphilis acting directly on the endothelial walls.

Those vascular alterations play an important role in the subsequent pathological changes through being the direct primitive agent in syphilitic processes of various organs, as the liver, spleen, kidneys, brain, etc. And there is no doubt but that many germinative formations are but a secondary manifestation of this primitive process.

The tunics of the arterioles in the integument are specially susceptible to the irritating virus of this malady. The vascular lesions of syphilis are of dominant importance. They preponderate because of their influence on the anatomical elements and their clinical pre-eminence.

Our definite knowledge of syphilitic arteritis is of comparatively recent date, when Sternburg demonstrated the first participation of the vessels in syphilis. At about the same time Dittrich, Virchow, Lancereaux, Wilks and Heubner made important studies along the same lines.

Their observations were quite in accord in agreeing that the virus fell with special energy on the encephalic vessels, and they noticed that the primitive seat of the lesion was in the intestinal tunic. Other observers, however, especially Joffrey, Letienne, Friedlander and Baumgartner, on the contrary, maintained that the external or cellular coat was invaded first.

Rumpf declared that the first vessels impinged upon are the vaso-vasorum, and, as a matter of fact, these vessels are always involved. Deyl, after an extensive study and many examinations, was assured that the vaso-vasorum are

invariably incriminated, but whether primarily or not he was unable to say.

M. Fournier has claimed that the vessels of the brain are specially susceptible to syphilitic toxemia. Gilbert, of Lyons, has invoked this theory to account for certain types of meningo-myelitis; Depeirne et Sottas, myelitis; Raymond, general paralysis and a peculiar type of amothrophic wasting; Hollopean, angina pectoris; Welsh, Fournier, Jaccoud and Verdier alleged that syphilis is responsible for the vast majority of aneurisms.

Vascular lesions following syphilis manifest themselves at varying intervals after the primary lesion, in some instances relatively early; at others not for three years or much later, according as to whether it has been treated or not, and the condition of the patient; therefore, why we have "acute syphilitic arteritis" and the chronic or secondary type, besides what are designated the acquired or the inherited.

It is more common in men than women. Fournier, Mauriac and Buzzard believed that there are organs more prone to it than others, and that in certain violent types of syphilis its onset is sudden and its effect disastrous. Some have believed that certain individuals are more susceptible than others to arterial degeneration in consequence of syphilis.

The pathological anatomy and pathology of syphilitic arteritis furnishes us with the irregular stypic course of this manifestation. The striking characteristic of syphilis is its tendency to cellular hyperplastic proliferation, which, when it effects an organ, is quite general; but in this vascular affection its action may remain local when infiltration is circumscribed.

In the process of its evolution it produces various transformations in the tissues. *Pari-passu* with its destruction of the normal cells there is a contraction of a vessel's lumen, with ultimate obliteration. But in the large trunks the effects are contrary, and hence we have what are designated "arteritis obliterant and syphilitic arteritis."

In the first class to the bare eye the walls of the vessel are hard and rigid, and have parted with their elasticity; they are thickened in places and present difference in color; in a word, they are sclerosed and fibrous, impervious to the circulation and of a cord-like consistence.

In the second division the vessel is flexuous in its course, thinned and thickened in patches, and here and there dilated with veritable aneuratic diverticula. Originally the alteration consists essentially in a new formation of embryonic tissue, which presents a marked tendency to differentiation, in consequence of its divers elements. Retrogressive metamorphoses gradually but steadily follow, until finally the vessel gives way or starves the organ it is intended to nourish.

Without stopping to consider the question as to whether it primitively attacks the internal or external tunic, it may be said that the first step is a clear hyperplasia, which rapidly augments, by a diapedetic invasion and proliferation. This finally overcomes the resistance of the endothelial resistance, the vessel's lumen becoming ultimately choked with a soft fungous substance, which may later undergo gummy nutrition.

The clinical aspects of these vascular changes are interesting to observe, because their march is attended with such varied phenomena; according to the age of the patient, the part involved, and the march of the pathological processes.

Annale De Medicine Scientifique et Pratique, 3 Mai, '94.

EXTERNAL URETHROTOMY.

Dr. W. C. Dugan gives the following reasons for preferring external to internal urethrotomy:

1. The drainage is so perfect that no fluid can accumulate in the wound.
2. Cleansing and dressing the parts is satisfactory in all particulars.
3. The patient experiences very much less pain during and after urinating, which I consider very important, since the passing of urine after internal cutting is so painful that the patient is often made to cry out, and the vesicle tenesmus so great as oftentimes to cause quite a free bleeding after each micturition for some days.
4. The certainty of opening the canal against the possibility of making a false

passage, as is not infrequently done in our efforts to introduce small instruments.

5. The absence of any risk of patient's bleeding to endanger his life, as the field of operation is unobstructed, and the bleeding points can usually be secured and ligated, or, if the bleeding is capillary, controlled by the application of a compress accurately applied.

He gives the indications for external urethrotomy in deep strictures of small calibre as:

1. In all cases where there are false passages it is imperatively demanded.
2. In all cases of close stricture of the deep urethra, where there is cystitis, it is by far the best way to get rid of both strictures and cystitis.
3. Where we have urinary fistulae resulting from neglected strictures it is the most certain and rapid method of dealing with them.
4. When for any reason it is desired to secure thorough drainage of the bladder.
5. In those chronic cases where you have reason to suspect stone of the bladder, and you desire to chloroform your patient but once and relieve his stricture, explore his bladder, and, if stone is found, to get rid of it all at one seance.

—Amer. Prac. and News.

PROFESSOR BILLROTH AS AN OPERATOR.

The general public not unnaturally assumes that a great surgeon is necessarily a most skillful operator, a mistake not infrequently made by the profession also. Ingenuity, however, and boldness in devising operations are very different attributes from the manipulative skill, decision and tact required to carry them out. Professor Billroth united the two sets of qualities in a very conspicuous manner. Yet it was always the guiding intellect rather than the manual dexterity which impressed itself on the spectator. Truth to say, in the actual performance of an important operation Billroth showed no very marked superiority over his fellow surgeons. He avoided any show of brilliancy or flourish, went steadily to work, erred, if at all, on the side of slowness, and was neither more nor less decomposed by any complication or untoward event than any one else. The finish of his operative work was rather the result of his immense experience than of any remarkable aptitude. Nevertheless, as an operator he must be held to have justly earned a very high place.

—Record.

Therapeutics.

Under the charge of LOUIS LEWIS, M. R. C. S., Philadelphia.

THE EMPLOYMENT OF DIPHTHERIA-ANTITOXINE FOR PREVENTION AND CURE.

BY DR. HANS ARONSON.

Before describing the practical employment of diphtheria-antitoxine,* it will be advisable to make a few statements concerning the testing of a solution for its contents of diphtheria-antitoxine. As the antitoxine does not possess any accurately defined chemical characteristics, this can only be done by physiological methods. The smallest quantity of the solution under examination is determined which will exactly destroy a definite quantity of diphtheria virus. For the latter Aronson selects a dose of the poison which will kill a guinea-pig of the weight of 300 to 400 grams in 38 to 44 hours, and even the largest animal in 48 to 60 hours. The strength of the antitoxine solution Schering for immunization purposes is regulated in such a way that mixtures of 0.001 c.c. injected with the above dose of poison into guinea-pigs of 300 to 400 grams weight produce no toxic symptoms whatever. This solution is at least forty times as strong as the Behring-Ehrlich normal solution, whilst these authors, it has lately been shown, used rather a larger quantity of diphtheria virus to determine the strength of their antitoxine solutions.

This solution is employed in localities where diphtheria epidemics rage, especially for children the brothers and sisters of which have been attacked by the malady. 1 c.c. of the solution is injected by means of a sterilized Pravaz syringe beneath the skin of the back or breast. From numerous individual observations certain immunity can be predicted. This inoculation is distinguished from the protective inoculation mentioned in the introduction by means of attenuated bacterial virus, as in vaccination, by the instantaneousness of the immunity conferred, which is a great advantage. Further the immunity produced by the introduction of a ready-made antidote does not give rise to any local or general toxic symptoms whatever. The disadvantage of the method is that the protective period is not so long as in vaccination, as the antitoxine is gradually eliminated from the organism. In localities where diphtheria epidemics prevail for a long period, it is therefore advisable to repeat this absolutely innocuous injection after two or three months. For combating and curing attacks, from five to fifty times the quantity is necessary according to the stage of the disease, and for this purpose more concentrated antitoxine solutions can be employed.

—The Therapist.

ON FORMIC ALDEHYDE AS AN ANTI-SEPTIC.

BY DRS. C. SLATER AND S. RIDEAL.

In the investigation of the antiseptic properties of formic aldehyde by these authors, who refer to the numerous reports of continental authorities, the aqueous solution known as formalin, which they found contained 35 to 40 per cent. of the active substance, was employed for their experiments.

The first series of experiments was made to determine the proportion of formic aldehyde required to inhibit the growth of specific micro-organisms. For this purpose formalin was added to tubes of bouillon so that they contained formic aldehyde in proportions ranging from 1 : 1000 to 1 : 20,000. These tubes were then inoculated with the micro-organisms to be tested, capped, and placed in the incubator at the most favorable temperature for growth. The cultures used for inoculation were vigorous twenty-four-hours-old growths in bouillon or on agar. The results are embodied in the following table:

ORGANISM.	Organism.	Proportion of Formic aldehyde inhibiting growth.	Proportion of Formic aldehyde allowing some growth.
Staphylococcus pyogenes aureus	1	5000	1 : 10000
Bacillus typhosus	1	15000	1 : 20000
Bacillus coli communis.....	1	7000	1 : 10000
Bacillus anthracis.....	1	15000	1 : 20000
Spirillum cholerae	1	20000	—
Bacillus mallei	1	20000	—
Bacillus pyocyaneus	1	7000	1 : 10000
M. prodigiosus	1	20000	—
Bacillus lacticus	1	20000	—
Bacillus butyricus (Hueppe).....	1	20000	—

Provided then that the amount of formic aldehyde present is not such as to prevent growth, it exercises no influence on the power of fermentation, though a longer period is necessary to complete the action. Taking these results in conjunction with the proportion of formic aldehyde required to prevent the growth of bacillus lacticus and bacillus butyricus, it would seem that the inhibitory dose for yeasts is much higher than for bacteria and that this antiseptic may be used to arrest secondary fermentations in alcoholic liquids.

The time required by solutions containing 1 per cent. and 1 per mille of formic aldehyde to cause the death of various microbes was next determined. In experiments on this point it is absolutely necessary that methods be used in which the antiseptic is thoroughly removed from the test culture or great dilution secured, as the inhibitory action of formic aldehyde is so great. Sterile silk

*See Times and Register, April 21, page 259.

threads were soaked in cultures of the various micro-organisms and then transferred to the antiseptic. After exposure for various periods the threads were withdrawn, well washed in sterile water and transferred to bouillon tubes, which were exposed to suitable temperatures. The cultures used were in all cases twenty-four-hours-old bouillon cultures. The culture tubes containing the treated threads were kept for more than eight days in order to avoid errors from retarded growth. The tubes in which no growth took place were tested by inoculation in order to determine whether they were still suitable for growth of the microbes, or whether the sterility was due to transferred antiseptic. They all yielded copious growths on secondary inoculation. Control experiments were made in all cases, the threads being soaked in water for a time equal to that of the maximum period of exposure to the antiseptic.

One per cent. solution.—Threads examined at intervals of 10 minutes gave:

Organism.	Time required to kill the microbes.
<i>Staphylococcus pyogenes aureus</i> , bet. 50 and 60 minutes.	
<i>Bacillus typhosus</i> , between 40 and 50 minutes.	
<i>Bacillus coli communis</i> , bet. 30 and 40 minutes.	
<i>Bacillus anthracis</i> , less than 15 minutes.	
<i>Spirillum cholerae</i> , less than 15 minutes.	

Experiments were made to see how far these solutions might replace the 1 or 2 per cent solution of carbolic acid frequently used for the preliminary disinfection of soiled linen before washing. Soiled cloths from the post-mortem room and sterilized cloths soaked in cultures were left for from twenty to twenty-four hours in 1 per cent. and 1 per mille solutions of formic aldehyde. After washing in sterile water they were examined by cultivation.

	1 per cent. solution.	1 per mille solution.
Cloths from post-mortem room	Sterile	Not sterile.
Cloths soaked in bacillus typhosus	Sterile	Sterile.
Cloths soaked in spirillum cholerae	Sterile	Sterile.
Cloths soaked in staphylococcus aureus	Sterile	Stere.li

The solutions are without any ill effect on clothes and are efficient as antiseptics, especially the 1 per cent. solution, and the more so as in practice the adherent formic aldehyde solution would not be removed.

Formic aldehyde vapor. The action of the vapor evolved at the ordinary temperature (19 degrees C.) from 40 per cent. solution of formic aldehyde (Formalin) was examined. A few experiments were made by exposing potato cultures under a bell-jar to the vapor, but the results were unsatisfactory, owing to the thickness of the culture. Bouillon cultures, twenty-four hours old, were allowed to dry in a thin layer on sterilized glass slips, and were then exposed to the vapor from 5 c. c. Formalin under a bell-jar of 3320 c. c. capacity. The solution was placed under the bell-jar ten minutes before the cultures were exposed. The glass slips after exposure were dropped into bouillon tubes and placed at suitable temperatures.

The organisms killed in less than ten

minutes were *bacillus typhosus*, *bacillus coli communis*, *micrococcus prodigiosus* and *spirillum cholerae*; after twenty minutes' exposure *staphylococcus pyogenes aureus* was killed, and after thirty minutes' exposure *bacillus pyocyaneus* succumbed.

Formic aldehyde vapor is then obviously a powerful disinfectant, and from its harmless character, the freedom from damage of articles exposed to it, and its ready volatility, it would seem particularly adapted for the disinfection of rooms.

—Lancet.

A NEW METHOD OF USING COCAINE FOR LOCAL ANAESTHESIA.

Krogius describes a new method of producing cocaine analgesia, which is based on the fact that when a solution of this agent is injected into the subcutaneous tissue near to a nerve trunk it causes loss of sensation over a large zone corresponding to the peripheral distribution of this nerve. In order to reach the selected nerve trunk with certainty and to apply the cocaine to several of its branches at the same time, the author, in injecting the subcutaneous tissue, passes his needle across the long axis of the limb, and, as the needle is thrust along, the solution is gradually discharged. An injection made in this way across the root of a finger will, in the course of ten minutes, result in analgesia of the whole digit, not of the skin only, but also of the tendons, the periosteum and all the deep structures. If one or two injections be made transversely near the wrist a considerable extent of the palm of the hand may be thus rendered analgesic. The sensibility of the ulnar side of the hand as far as the roots of the last two fingers may, it is stated, be abolished by injecting a solution of cocaine over the ulnar nerve at the back of the elbow. By injecting over both supraorbital notches analgesia may be produced in the whole of the middle portion of the forehead. The analgesia caused by this method of using cocaine attains its greatest intensity and extent from five to ten minutes after the injection, and is maintained for a quarter of an hour or even longer. The author injects only a weak (2 per cent.) solution of cocaine, and keeps the patient recumbent for at least a quarter of an hour after the operation. This method has been practised with success at Helsingfors in 200 minor operations, such as amputation of the fingers and toes, excision of palmar fascia and phimosis.

—Centralbl. f. Chir., No. 11, 1894.

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

SURGICAL FEVER.

Although much light has been thrown on the study of the phenomena of fever following operations, or surgical fever, many points still remain obscure, especially in so far as concerns the mechanism of infection.

No one at this time disputes the benefits rendered by antiseptic methods, which have revolutionized modern surgery. The current notions of the part played by germs do not always explain the various disorders which may supervene on traumatism, although the most minute antiseptic precautions may have been taken.

Certain errors due to false premises or hasty conclusions appear to have crept in.

Thus it is not rare to hear it said, "that with antiseptics traumatic fever no longer exists, and that all hyperæmia, after surgical intervention, proves that antiseptics has not been thoroughly carried out, in consequence of which infection has occurred." In other words, the aseptic repair of wounds takes place without the occurrence of fever.

But the facts are far from being simple, and applicable to unequivocal laws. Fevers exist, post-operative and non-infective—fevers which have no connection with the reparative process. These are the aseptic fevers.

The rigid demonstration of these facts has for a long time been noted by observers. One very marked example is furnished by the subcutaneous repair of simple fractures, which are frequently followed by febrile symptoms. Extending this observation of surgical traumatism, where the lesions are produced as planned beforehand, the same is seen.

There is scarcely a surgeon who has not noticed after the best conducted operations that frequently hyperpyrexia occurs, and still the wound goes on favorably and union occurs by first intention. It is evident that in these cases septicæmia cannot be invoked, the general good condition of the patient scotching the idea.

Since aseptic post-operative fevers ex-

ist, it is necessary for the physician to learn to recognize them, and give them their proper place in pathology.

The essential characteristic of these fevers is that they appear early after the operation.

Sometimes the fever commences abruptly with a rise of one to two degrees the first 24 hours. Sometimes it is more gradual. In all cases the fever begins during the first 12 hours.

The evolution of aseptic fevers is ordinarily short. Generally after two or three days temperature declines, returning rapidly to normal in 24 hours. In mild cases the fever only lasts about a day.

Early appearance, short duration, rapid defervescence are the characteristics of traumatic fever. Occasionally the fever persists for several days or even a week or two. The genesis of these symptoms is now believed to be settled.

It appears that the blood and cellular tissues contain a principle which possesses remarkable fermentative properties which develop in consequence of solution of continuity and exharasation of blood outside of the vessels. It is called by Bergman and Angeur the fibrin ferment.

According to this doctrine (which appears plausible) whatever may be the antiseptic precautions employed, the fibrin-ferment is set at liberty at the moment when the wound is made. A part is removed by the bleeding, the remainder adheres to the surface of the wound and the blood clot.

It is thus enclosed in the wound, and afterwards develops its fermentative effects. The soluble products resulting are absorbed, and by acting on the nervous centres which govern thermogenesis.

Thus it is a true fever from absorption. The mechanism of the production and diffusion of the febriginous material is everywhere analogous; it differs only by the early appearance and the nature of the diffused products.

In traumatic infection the germs contained in the wound do not determine

immediate results because of their small number. They must first multiply in order to victoriously attack the cellulæ and secrete taxines and ptomaines in sufficient quantity to make an impression on the organism at large. This may be called the period of inoculation, which generally lasts about 24 hours at least, so that septic phenomena do not show themselves till after that time. Their hatching or incubation is usually the second or third day, whence the well-known fact that if a subject passes the first 50 or 60 hours without accident he may be considered as out of danger, and likely to escape infections, and the wound will pursue a normal evolution.

Such is the differentiation of these two varieties of complications—the one mild, aseptic—the other more serious, sometimes formidable, infective fever.

From these considerations it is evident that the intensity of the thermic process developed by the action of the fibro-ferment, without assistance of pathogenic germs, will be proportional to the extent of the wound and amount of hemorrhage—another reason for economizing as much as possible the blood in operations. But the best means to this end consists, not in following the minutiae of a more or less ingenious method of hemostasis, but to work quickly. The technique is not so important. The exact adaptability of the means to the end is the characteristic of the “born” surgeon, who modifies his tactics according to circumstances, without troubling himself about official doctrines and favored procedures.

This plan of operative rapidity, so well carried out by the surgeons of a former generation, has been somewhat put in the background by the new conditions created by the antiseptic method. It would seem that the security conferred by this method ought to give full latitude to the length of an operation. But one quickly perceives that that constitutes a real danger, and that the adage, “cito, tuto et jucunde,” preserves all its force.

All the precautions do not obviate the necessity of quick work in surgery. For many reasons it may be affirmed that with equal antiseptic precautions success rests with the quick operator.

Dr. G. Traissio, in *Annales de Med.*

E. W. B.

Notes by the Wayside.

BY ERNEST B. SANGREE, A., M., M. D.,
PHILADELPHIA.

A bicyclist myself, I am naturally in favor of this delightful form of exercise, practiced, of course, in moderation only, and performed sitting in the erect position, and not doubled up a la cramp colic, as is too often the case.

A few days since, however, I witnessed an application of the bicycle in a role new to me. Coming up from the seashore, I noticed a one-legged fellow with a crutch under his arm easily mount a bicycle and spin down the street at a comfortable pace, just as our train pulled out of an inland Jersey town.

A day or two later, in the city, I saw a young man with terribly deformed feet rolling along the street on his machine at a pace that must have been pleasant in the last degree to one whom nature had apparently condemned to the life-long misery of a painful snail's pace.

An incident occurred the other day in one of the bacteriological laboratories in this city that is really too good to be kept.

One of the students was asked the question: “What parasite frequently infests the vagina?”

In all seriousness the rising young bacteriologist promptly and confidently answered, “spermatozoa.”

The questioner, I suppose, had in mind the *trichomonas vaginalis*, an ovoid flagellate infusorium not sufficiently well known if one may judge from an incident that occurred some years since. A lady patient charged her dentist with rape during anesthesia.

At the trial a physician, posing as an expert, testified to finding spermatozoa in the vagina, and on this testimony the innocent dentist was found guilty and condemned to a long term, ten years I think, in the penitentiary, dying there while serving out his sentence.

Several years after his death the would-be scientific doctor whilst visiting the University was casually shown a slide of spermatozoa by Dr. Formad.

“Are those spermatozoa?” he anxiously inquired.

“Why, certainly,” was the reply.

He said no more, left the city at once, and the next heard about him was that he had committed suicide through remorse.

One cannot help regretting that he had not shot himself before his fatal testimony.

Miscellany.

THE MEDICAL SOCIETY OF NEW JERSEY.

The next annual meeting of the Medical Society of New Jersey, will be held in the picturesque Hotel Breslin, Lake Hopatcong, on Tuesday and Wednesday, June 26 and 27, 1894, commencing at 11.30 o'clock, A. M., on Tuesday.

PROGRAMME FOR TUESDAY.

11.30 o'clock A. M.—

Prayer by Rev. Mr. Holloway, Dover.

Report of Committee on Credentials, secretary, chairman.

Calling roll.

Report of Committee on Arrangements, Stephen Pierson, M. D., chairman.

Reading of minutes (abstract) of last annual meeting.

Report of Committee on Business, H. R. Baldwin, M. D., chairman.

Election of permanent delegates.

Any business which requires early consideration may be introduced.

Report of Committee on Ethics and Judicial Business.

Report of treasurer, Dr. A. Mercer.

Report of corresponding secretary, Dr. E. L. B. Godfrey.

Report of Committee on Honorary Membership and Honorary Degree of Doctor of Medicine, Dr. H. G. Taylor, Chairman.

Adjourned at 1 o'clock. (The several delegates are requested to report to the secretary as early in the afternoon as convenient the name of their member to serve on the nominating committee).

Three o'clock P. M.—Report of Standing Committee, D. C. English, M. D., chairman. (Five minutes will be allowed each delegate for remarks upon the same.)

Report of Committee on "Prevention of Blindness through Legislative Enactment," W. B. Johnson, M. D., chairman.

Report of Committee on "Bovine Tuberculosis," etc., J. W. Sickler, M. D., chairman.

Announcement of Committees by the President.

Adjournment at half-past five o'clock.

Eight o'clock P. M.—Annual address by the President, John G. Ryerson, M. D. "Chronic Nephritis and Lactose."

Paper by George H. Balleray, "Erysipelas as a Complication in Abdominal Surgery."

Paper by H. G. Wetherill, M. D., "Observations on Cases of Movable Kidney."

PROGRAMME FOR WEDNESDAY.

Nine o'clock A. M.—Discussion upon subject presented at last annual meeting, "Angina Pectoris, its true pathology, and an explanation of its sudden termination in death."

Drs. Pettit and W. P. Watson were appointed to take the leading part in the discussion.

Report of delegates to and reception of delegates from corresponding societies.

Essay—Third Vice President, T. J. Smith, M. D.—"Catarrh of the Upper Air Passages."

Paper—G. F. Wilbur, M. D.—"Historical Review of Medical Fallacies."

Report of Committee on "Legislation," J. W. Ward, chairman.

Report of committee to consider the proposed revision of the Code of Ethice of the American Medical Association. George T. Welsh, M. D., chairman.

Paper by Walter Lester Carr, M. D., New York, "Scurvy in Children."

Report of Committee on Treasurer's Accounts.

Acting upon amendments to by-laws proposed revision of the Code of Ethics

Chapter 2, Section 10—Add "None of the funds of this society shall be used for any purpose except for the payment of its regular annual expenses, unless the proposal for such expenditure shall have been introduced in writing at a previous annual meeting, and shall receive a three-fourths vote of the members present."

Section 7, Chapter 2—"Duties of Standing Committees."

Report of Committee on "Fellow's Prize Essay," George T. Welsh, M. D.

Investigation of by-laws and communications from District Societies.

Reading of such papers as are approved by the Business Committee.

Reports of interesting cases.

Report of Nominating Committee.

Election of officers.

Miscellaneous business.

Adjournment.

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WHOLE No. 824.

Original.

CASES OF DELAYED UNION IN FRACTURE.

BY T. G. MORTON, M. D., PHILA., PA.

In these days of antiseptic surgery we are perhaps a little too hasty in regard to the treatment of delayed union in fractures, and do not give Nature time to effect repair. The length of time taken for repair was unusually long, yet the result in both cases here reported has been perfect.

Case I. Delayed union in a fracture of the femur.—(Notes of Dr. Wm. H. Shipps, of Bordentown, N. J.) On January 20, 1893, L. M., a young woman, seventeen years of age, while coasting was violently thrown from a sled, sustaining a fracture of the right femur at about the junction of its middle and lower third. She was at once carried to her home, placed upon a firm mattress and sand-bags and extension by weight and pulley employed. The patient, an intelligent girl, recognized from the start the importance of keeping the fragments in position, and labored in every possible way to avoid disturbance of the limb; so determined was she in this respect, that she avoided in so far as possible, a regular evacuation of the bowels, although assured of the folly of such a course. Having a capricious appetite, it was difficult for the first six weeks to get her to take a sufficient quantity of nourishment, although the necessity for this important aid in bone repair was constantly urged upon her.

At the end of four weeks the dressings were removed and the limb carefully inspected. No shortening was detected, but, to my chagrin, no attempt at union had taken place, notwithstanding the parts were in perfect apposition. The dressings were carefully re-applied.

On March 20, two months after

the injury, an examination showed entire absence of bony union. At this juncture I requested Dr. Morton to see the case with me. It was agreed to resort to daily massage of the entire limb, especially in the vicinity of the fracture, and to lessen the amount of extension. The limb was also encased in a firm dressing, made of two Russia felt splints; a posterior one, extending from the great trochanter to within six inches of the ankle; an anterior, extending the entire length of the thigh, firmly held in place by a roller bandage. Four weeks later the patient was allowed to get out of bed daily and walk about on crutches, care being taken that no weight be borne upon the limb. This plan of treatment was faithfully carried out, the appetite of the patient in the meantime materially improved. In the course of three weeks the circumference of the limb had visibly increased and an evident attempt at bony union noticed.

From this on the limb gradually improved in size and strength, until at the expiration of eight weeks from the commencement of massage, at which time Dr. Morton again saw the case, consolidation was complete. The dressings were continued for a few weeks longer, when a single roller bandage took the place of splints. Careful measurement of the two limbs at this time failed to show any appreciable shortening. Altogether the case made a most satisfactory recovery.

Case II. Delayed union in fracture of the leg.—On August 1, 1893, Captain A. S., aged 51 years, while at Ivigtut, South Greenland, in command of his vessel, received an injury to the right leg by the fall of a bulk-head or partition which separated the cargo of kryolite from the ballast; a medical man from the shore who was summoned, an oblique fracture of both bones about

the junction of the middle and lower third; he applied temporary pasteboard splints, and the patient was hoisted from the hold. Four day later, bandages, pasteboard splints and a plaster dressing were applied. Three weeks later the swelling of the limb had so subsided that he observed not only a considerable movement, but a grating of the bone; six weeks subsequent to the injury the dressing was removed, when it was found that there was little if any union; posterior board splint was applied, and two weeks later he left Greenland and arrived in Philadelphia on October 17, seventy-eight days after the accident; he then entered the Pennsylvania Hospital. General condition good. The limb was greatly swollen, skin dry and rough, evidently no attention had been given to the condition of the circulation, for the limb had not been out of splints for many weeks, and had not been bathed since the accident; there was little, if any, effort at repair in the fracture. Attention was at first directed to improving the circulation of the limb by soaking in warm water and massage; fracture box; subsequently Russia felt splints; finally a brace was applied. He was discharged December 11, 1893, with considerable union, which was not firm until the close of January, when he was able to walk without any support.

THE TREATMENT OF DIGESTIVE DISORDERS BY THE USE OF PROPER FOOD

BY CYRUS EDSON, M. D.,

Commissioner of Health, New York City,
Commissioner of Health, New York State,
President New York Board of Pharmacy.

Digestive disorders are peculiar to American life. The ceaseless rush and press of business, the care and worry incident to existence in our great cities are responsible for its prevalence. The wealth of our people has enabled them to gratify their appetites to an inordinate degree. Excessive alimentation, by crowding upon the digestive organs an amount of work for which they were never designed, plays a very important part in the etiology of these diseases. The excretory organs are crowded with

an amount of work which over-eating and a sedentary life entails.

We are an over-worked, over-stimulated people, and we are beginning to pay for our violation of nature's laws by becoming a dyspeptic people. Our intense and ever-present excitement interferes with proper digestion. The food introduced into the stomach, instead of becoming dissolved, is so feebly attacked by the digestive process that it is not digested. Instead of digesting we find it decomposing. Now, the injury wrought by this is three-fold: (1) the constant presence in the stomach of undigested food causes irritation; (2) the failure of digestion results in anaemia, simply because the blood can only come from food taken and digested. Cut off the supply of food and the anaemia of starvation results; (3) the products of the decomposed, undigested food in the stomach are certain gases, fatty acids and ptomaines, the effect of which is to increase the local disturbances by irritating still more the already inflamed mucus surface of the digestive tract. The conditions in the disordered stomach and intestines favor this decomposition; heat, air, moisture and micro-organisms are all present and ready to dispose of the food if it is not disposed of by the digestive process.

The peripheral irritation of the terminal nerves in the stomach and intestinal tract, caused by the mechanical presence of undigested irritating matter and the distension of the intestinal tract by gases, has a most important bearing on the train of nervous symptoms that sooner or later affect a dyspeptic. A very large proportion of the cases of so-called nervous exhaustion will be found to be due to the causes I have described.

Errors of diet must be reckoned among the most important exciting causes of functional indigestion. Americans are, as I have stated, a rich people, and can afford to live well. Too often they live too well. They consume more food than is necessary to maintain the bodily functions; the supply is far in excess of the demand, and this excess is usually in the nitrogenous elements of food. If the stomach digests the amount of food crowded upon it the kidneys and skin are apt to become disordered or diseased by the overwork thrust upon them in the elimination of waste mat-

ters that cannot be utilized and must be passed off. Nature does not tolerate abuse, and unless the patient is gifted with an unusually robust digestion she calls a halt by affecting the functions of the digestive organs. All the organs of the body are associated in their action to maintain health and properly run the economy. When one or more become diseased all are apt to unite in increasing the disorder. It would seem that when nature attacks the health of an individual she calls innumerable factors to her aid, all of which assist her in her destructive work. Her first move is almost invariably to reduce vitality by a disturbance of the digestive functions.

The proverbial rapidity with which the American bolts his food is an important factor in the etiology of these disorders. His pace is so swift, competition so fierce, that the proper time is begrudged to meals.

Drugs are of little value in the treatment of digestive disorders, and are too often used without the slightest regard to their real therapeutic effects.

(Mixtures of several digestive ferments are extremely popular, notwithstanding the fact that acid media render some of these ferments inert, and an acid medium must be encountered in the stomach before the alkaline media in the duodenum is reached. Far more can be accomplished by a careful diet, good hygienic surroundings, and by a systematic lavage of the stomach by means of the esophageal tube, and though the use of drugs or even the digestive ferments. I do not deny the efficiency of pepsin, especially combined with hydro-chloric acid or with strychnine, in the early stages of many cases. In advanced cases these agents, used as auxiliaries, also do good, but their use without other treatment is to be condemned.

The best time for stomach irrigation by means of the esophageal tube is three or four hours after eating, though in some cases this will be found earlier than is possible when the stomach is diseased, and when the patient has eaten a hearty meal of solid food. The patient should be directed to eat a light lunch in the middle of the day of liquid or semi-liquid food, and should afterwards present himself to the doctor at four or five o'clock for treatment. The rationale of this treatment is as follows: The stomach is emptied, and thoroughly cleaned; the irritating material is taken from it; the action of the water repeat-

edly distending and contracting the walls of the stomach is that of passive exercise, tending to strengthen the muscular coats; the peptic glands are free from irritating substances. After a time the stomach gains in strength. It must not be forgotten that the digestion is aided to an enormous extent by muscular contraction of the stomach. When the muscular coats of the stomach are weak this muscular action is, of course, less.)

The first essential in the treatment of functional indigestion is rest. For a time, just sufficient food should be taken to support life. This food, too, must be of a kind easily assimilated. We must select articles of diet that will be rapidly absorbed with the least possible exertion on the part of the digestive organs. During the past four or five years, much attention and capital has been devoted to the development of processes by which food may be artificially digested outside the body. The great difficulty of preparing predigested foods, either in the home or in the laboratory of the retail pharmacist, places the physician and consumer in the hands of the manufacturer. We cannot, therefore, afford to "boycott" or ignore such articles when we recognize their utility. These preparations may be classified under three headings:

1. Those made from animal tissues and milk, belonging to the peptone class.
2. Those made from starches, malt products, dextrine and sugar.
3. Combinations of the two former classes.

The great advantage to be derived from the administration of artificially digested foods is because their absorption is to a great extent assured before any decomposition can set in. The most valuable of these foods is doubtless that prepared from artificially digested milk by means of the pancreatic ferment. Milk, as is well known, contains all the nutrient elements to support life; if enough can be taken, no other alimentation is necessary, but many, if not most, patients cannot take this food for the period necessary to effect the best results, and its preparation entails an amount of trouble that only the most severely affected will conscientiously take. Consequently, we find ourselves often called on to prescribe other regimens. For the sake of variety, too, this is desirable. In these cases the extract

of pancreas may be used to make a variety of partially predigested dishes, such as soups, gruels, blanc mange, beef tea, etc. A list of recipes for these usually accompany the preparation. The peptones are very useful, but should never be used exclusively, and the same advice holds in connection with the chopped meat diet. This consists in giving finely chopped beef in the form of a lightly broiled so-called "Salisbury" steak. Patients fed exclusively on a meat diet lose flesh and strength rapidly. Combined with a certain amount of starchy food, finely chopped meat, prepared as I have described, is usually well borne by the stomach. The amount of starchy food, however, should be small. The objection to the use of starches in this connection is: (1), because of their indigestibility; (2), because of their tendency to ferment. The earlier symptoms of digestive derangement, to which, later on as the case progresses, are added a train of nervous phenomena too manifold for description, are heartburn, pain in the stomach, eructations of gases, a feeling of oppression and excessive fullness after eating. There is not infrequently palpitations and intermittent action of the heart—in fact, dyspepsia is one of the most frequent causes of functional derangement of the heart. This is due, in part, to pressure from the distended stomach and in part to reflex disturbance of the nervous system.

I have previously pointed out the effects of decomposition in the digestive tract of undigested food. It is to this decomposition, with its resultant gases and morbid products, therefore, that the symptoms of indigestion are due. Of all the foods eaten by man the starches are most liable to decomposition. The heartburn which these patients suffer is not caused by excess of acid of the gastric juice, for that is really diminished, but by an acid fermentation of food in the stomach.

STARCH IS PRE-EMINENTLY A FLESH-FORMING FOOD.

It is superior to the fats for this purpose; as a heat-producer, it is far more useful than meat. The system deprived of starch or sugar cannot thrive. As is well-known, starch must be converted into saccharine compounds before absorption can be effected. The pre-di-

gested starchy foods heretofore offered to us for choice comprise preparations which, on account of the distaste they contain, are often greatly lauded. The activity of this distaste, however, in assisting digestion in the stomach, is very doubtful, and furthermore, this class of preparation is usually possessed of a pronounced flavor which sooner or later palls upon the palate, and eventually becomes intolerable.

Pure pre-digested starch, given with an easily or partially digested animal diet, should be productive of excellent results. This idea seems to have occurred to the manufacturers of a pre-digested starchy preparation recently put upon the market, called Paskola, which it is claimed consists of pre-digested starch combined with a certain amount of hydrochloric acid (the natural acid of the gastric juice) and vegetable digestive ferments, the product of the pineapple, paw paw and other fruits. Such a combination is exceedingly palatable, and ought to prove efficacious, for not only does it present nourishment of a most valuable form ready for easy assimilation, but it aids the digestion of other foods in the body, and thus virtually rests the diseased organs.

The articles of diet especially to be condemned in disordered digestion are potatoes, uncooked vegetables generally, fried foods, rich, greasy foods, pastries, salted meats, boiled meats, pork, veal, and the meat of very young animals. Hot bread is very injurious. Roast or broiled meats from mature animals are good; eggs and oysters are almost always well borne by the stomach.

It is very difficult to lay down dietetic rules for the treatment of cases of functional indigestion. Each case must be carefully studied and the treatment adapted to suit its requirements. The outlines that I have given, however, will be found useful for general guidance. Alcoholic beverages almost always do harm, but in cases of great debility a weak milk punch made from equal parts of Jamaica and Santa Croix rum will be found beneficial.

For checking hyper-acidity of the stomach, dilute hydrochloric acid has a wider and more efficient range than the alkalies, such as the frequently used bicarbonate of soda. This would seem to be in accordance with the famous Hahnemann maxim.

Gastric disturbances are invariably

accompanied by constant diarrhea or extreme constipation; one or the other of these conditions is almost always present; the one perhaps quite as often as the other. The distinctive point between gastric and intestinal indigestion is that in the latter the uncomfortable symptoms begin two or three hours after meals and diarrhea is a symptom. When the trouble is purely stomachic, the pain and discomfort commence immediately or soon after eating, and constipation is apt to be the rule. It is, however, common to see both conditions united in the same individual. In each case diarrhea is present and this should be treated by proper remedies, such as are usually in vogue for the purpose. The use of the rectal douche often accomplishes the purpose.

Patients with functional indigestion should be placed under the influence of the best possible hygienic surroundings. They should have a reasonable amount of exercise, always remembering that the system is running under reduced power. Recreation in the form most acceptable to the sufferer should be advised.

RUBBER-TISSUE GLOVES FOR PROTECTING THE HANDS DURING OPERATIONS, ETC.

Dr. T. S. K. Morton called the attention of the surgical section of the College of Physicians to thin rubber gloves, which have been in the market for some time and are coming into use for general surgical purposes and for handling strong solutions. "I have found these rubber-tissue gloves extremely useful in handling offensive cases. With them it becomes a pleasure to make rectal examinations, because the skin of the hands does not become saturated with fetor, and it is wonderful how many more examinations one makes. Also in handling strong solutions, or even in operating upon septic cases they have an excellent field.

The rubber is so very thin that it interferes very little with the tactile sense. As a rule, they go on with great ease and come off readily. The dealer said he was not sure that they would last very long in handling instruments, but thus far I have used them considerably, and they are still prac-

tically in perfect order. But if they could be used only for a few times, the price, \$2.50, with 40 per cent. discount to hospitals, is not excessive. I think them of great value when handling morbid growths or making post-mortems, where it is possible to be inoculated. They bear steam sterilization and soaking in strong solutions of carbolic acid or bichloride."

THE PROGNOSIS OF PULMONARY TUBERCULOSIS.

Arthaud bases the prognosis of pulmonary tuberculosis on two important factors—viz., the disturbance of nutrition, and the extensiveness of the lung lesion. The first is determined by weighing. The weight of a normal adult individual, according to the observations of this writer, is the amount, in kilograms, of the person's height in centimeters above 1 meter. Thus, if the height of a person is 1 meter and 70 centimeters, the normal weight should be 70 kilogrammes. Observations based on many cases show that when a phthisical subject has lost one-quarter of the body weight there is great danger to life, and if one-third of the body weight is lost the case is hopeless. The best nutrition for these individuals is the ingestion of 400 grammes of meat and 1 kilogramme of bread in 24 hours. The extensiveness of the lung lesion is not so easily determined. The destruction of lung tissue is indicated not only where bronchial respiration and rales are heard on auscultation, but also in those situations where indeterminate respiration is heard, for the latter indicates fibroid induration of the lung. A more practical means of determining the degree of lung destruction is by counting the pulse. The following figures are only of avail in apyretic conditions, and when the patient is not nervous; 90 pulse beats indicate a loss of one-third of the lung; 100 pulse beats indicate a loss of one-half of the lung; 110 pulse beats indicate a loss of three-quarters of the lung; 120 pulse beats indicate a loss of the entire lung; patients who have lost one-quarter of their body weight and three-quarters of the lung are pronounced incurable.

—Wiener Med. Presse.

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THE LAW OF MALPRACTICE.

In a paper by Clark Bell read before the New York Medico-Legal Society and published in the Medical Age the author defines the law on this subject. He cites many cases on record which substantiate his opinions.

"Malpraxis may be defined as bad or unskillful practice in a physician or surgeon, whereby the health of the patient is injured.

"Negligent malpractice embraces those cases where there is no criminal intent or purpose, but gross negligence in bestowing that attention which the situation of the patient requires.

"Ignorant malpractice is the administration of medicines, or the treatment of the disease, fracture or injury in a way calculated to do injury which actually does harm, and which a properly educated, skilled and scientific medical man or surgeon would know was not proper in the case.

"Physicians and surgeons, by holding themselves out to the world as such, engage that they possess the reasonable and ordinary qualifications of their pro-

fession, and are bound to exercise reasonable and ordinary care, skill and diligence, but that is the extent of their liability. The burden of proof is upon the plaintiff in actions for malpractice to show that there was a want of due care, skill and diligence, and that the injury was the result of such want of care, skill and diligence.

"The reasonable and ordinary care, skill and diligence which the law requires of physicians and surgeons are such as those in the same general line of practice in the same general locality, ordinarily have and exercise in like cases.

"In Pennsylvania, *McCandless v. McWha*, 22 Pa. St., 261, the courts held that such skill is required 'as thoroughly educated surgeons ordinarily employ,' but the weight of authority is as first above stated.

"The locality in which the physician or surgeon practices should be taken into account. One in a small town or sparsely settled country district is not expected to exercise the care and skill of him who resides and has the opportunities afforded in a large city. He is bound to exercise the average degree of skill possessed by the profession generally in the locality in which he resides and practices.

"Physicians and surgeons should, however, keep up with the latest advance in medical science, and use the latest and most improved methods and appliances, having regard to the general practice of the profession in the locality where they practice, and it is a question for the jury to decide from all the circumstances of the case whether the physician or surgeon has done his duty in that respect.

"If a physician or surgeon departs from generally approved methods of practice, and the patient suffers an injury thereby, the medical practitioner will be held liable, no matter how honest his intentions or expectations were of benefit to the patient.

"Physicians and surgeons are bound to give their patients their best judgment, but they are not liable for mere error of judgment.

"If the error of judgment is so great as to be incompatible with reasonable care, skill and diligence, the physician or surgeon would be liable.

"If the patient in any way contributes to the injury by his fault or neglect,

he cannot recover for malpractice by the physician or surgeon.

"And this doctrine holds where the physical weakness of the patient or his natural temperament is the contributory cause of the injury.

"Damages may be recovered for pain and suffering produced by the negligence or want of skill of the physician or surgeon, and also for loss of time and expense incurred on account of the improper treatment."

Such appears to be the law, and if any of us do not want to run the risk of having judgment rendered against us, in case we should be so unfortunate as to get sued for malpractice, we had better follow it. Every doctor who has had considerable experience in the practice of surgery, especially in cases of fractures, dislocations, sprains, etc., etc., has had some cases where the result obtained was not just what he desired or expected, and if he looks for the real cause he would find that it was the fault of the patient. I believe that nearly all of the so-called malpractice cases are of that kind, and consequently the cases that come under our observation that do, or do not, finally get into the courts, are of two kinds: Those where the injuries sustained by the patient are the fault of the surgeon, and the others the fault of the patient. Those cases of malpractice resulting from gross incompetency of the physician or surgeon will occur so long as we have medical colleges whose chief object and mission seems to be to accommodate that class of scoundrels who desire to get a diploma and practice medicine without first obtaining the usual qualification that is required of honest men before they graduate.

These parasites, if sued for malpractice resulting from gross incompetency, have the gall to expect and wonder why the honest and intelligent doctor will not go to court and testify in their behalf. No lawyer will undertake to try a case of malpractice unless he can get medical men to testify on his side of the case, and if he cannot get good and reputable doctors he will take the other kind, and once in a while we hear of a combination of these. I can say right in this connection, I have heard that one of our surgeons has associated himself with a peddler of roots and herbs, and they will be the chief expert witnesses for the

plaintiff in one of the malpractice cases now in court, against an honorable member of this society. I hope the report is not true. If it is, it shows that he has no regard for the ethical part of our profession, and he will undoubtedly lose the respect of many of his friends by degrading himself in such a manner.

Can doctors prevent alleged malpractice cases from getting into the courts? In most cases my answer is yes. How? By not doing those things which I have stated are the cause.

If there is any doctor who feels he must do some mean act to a fellow-practitioner in order to square accounts for some imaginary or real grievance, I hope he will, not only for his own good, but for the best interests of the profession take other means than aiding directly or indirectly members of the legal fraternity to prosecute the doctor for alleged malpractice.

At the present time there seems to be a growing disposition with some of the people who receive an injury, if the injured part is not restored to its former condition, to blame the doctor, and they will start out with or without the advice of a lawyer and try to get some doctor's opinion of their case.

I have had some call on me, but will call your attention to only one of them—a woman who said a friend of mine had referred her to me, and she would like me to look at her wrist and tell her what I thought of it. She said she thought it had not been treated properly. I asked her how she met with the accident. She answered that she fell getting off a street car. I said, "Are you going to sue the company?" "No," she replied, "my lawyer said the way I fell I could not get damages from the company, and I had better bring action against the doctor." I gave her such advice that if she follow it she will never sue the doctor, who is a member of this society.

SEWER GAS AS A CAUSE OF DISEASE.

It was formerly thought that the entrance of gas from a defective sewer was the prime cause of many infective diseases.

Now it is quite certain that there is comparatively little danger from sewer gas in the diluted form it reaches an individual, and that this gas really con-

tains but few bacteria compared with atmospheric air.

The subject was well discussed in the recent Congress of American Physicians at Washington, several papers being presented.

Dr. A. C. Abbott, of Philadelphia, stated "A study of the literature of this subject leaves the impression that many of the opinions advanced are not based on exact methods of investigation. We are now tolerably well acquainted with the nature of the air of sewers, and we know that as ordinarily found it does not differ conspicuously from the air that we are accustomed to breathe. Studies in bacteriology demonstrate the comparative poverty of sewer gas in bacteria. The general impression is that the air of sewers is under an active pressure and tends to force its way into houses, but numerous experiments with pressure gauges show that such is not the case. The studies upon the chemical, bacteriological and physical side of the subject, together with observations on the health of those constantly exposed to the emanations of sewage, are not of a nature to warrant the opinion that sewer air is the dangerous factor that some believe it to be. There does not seem to be a single conclusive demonstration that the air of sewers stands in causal relation to the diseases for which it has been held accountable.

"Among the problems which the author had endeavored to solve experimentally in the laboratory was whether or not it was possible to demonstrate on animals that the gases arising from sewage or from other decomposing substances have any direct effect upon the health of the animal or its ability to resist infection. The method of experimentation was given in detail. The teaching that because materials containing organisms capable of producing disease are constantly gaining access to the sewers, the air of these sewers must of necessity also contain such organisms is simply an opinion. It is not supported by observations that lead us to accept it as a fact. The more conservative of those who believe in a causal relation between the air of sewers and pathological conditions are coming to the opinion that it is not directly concerned in the production of disease, but, that its continuous respiration in some way interferes with the normal vital resistance of the tissue, and thus renders them more susceptible to infections to which they may be exposed.

"The author detailed his experiments on animals, and concluded that, if experi-

ments upon animals are of any value in demonstrating the positive or negative effect of air saturated with the gaseous products of decomposition, it does not seem reasonable to suppose that the air of a sewer or cesspool, in the enormous dilution in which it exists at the time that it reaches an individual in a house to which it has access, can be of much importance either in the direct production of the diseased conditions or in influencing the vital powers of the resistance of the individual who inhales it."

BOOKS AND PAMPHLETS RECEIVED.

- A CONTRIBUTION TO THE PATHOLOGY OF FRIEDREICH'S ATAXIA. By Charles W. Burr, M. D. Reprinted from University "Medical Magazine."
- HISTORY OF THE DROP-BOTTLE. By L. Webster Fox, M. D., Philadelphia, Pa. Reprint from the Ophthalmic Record, May, 1894.
- OPHTHALMIA NEONATORUM; CONTRACTION OF EYELIDS; GLAUCOMA; GRATAGE FOR GRANULAR LIDS. By L. Webster Fox, M. D. Reprint from the "Medical Bulletin."
- ELECTRICITY IN THE TREATMENT OF CHRONIC PROSTATITIS, AND OTHER CONDITIONS UNDERLYING IMPOTENCE IN MEN. By G. Betton Massey, M. D., Philadelphia. Reprinted from "University Medical Magazine."
- THE ELECTRICAL TREATMENT OF FIBROID TUMORS. By G. Betton Massey, M. D., Philadelphia, Pa. Reprinted from the "Journal of the American Medical Association." April 21, 1894.
- ENORMOUS OVAL HEMORRHOID ENCIRCLING THE ANUS; WHITE-HEAD'S OPERATION; ENTIRE CURE. By W. W. Keen, M. D. Reprinted from the "Therapeutic Gazette," April 16, 1894.
- REMOVAL OF THE GASSERIAN GANGLION AS THE LAST OF FOURTEEN OPERATIONS IN THIRTEEN YEARS FOR TIC DOULOUREUX. By W. W. Keen, M. D., and John K. Mitchell, M. D. Reprinted from the transactions of the Philadelphia County Medical Society, 1894.
- OPERATION WOUNDS OF THE THORACIC DUCT IN THE NECK; WITH A RESUME OF THE TWO PRIOR RECORDED CASES AND TWO ADDITIONAL CASES. By W. W. Keen, M. D.
- LIGATION OF THE COMMON AND EXTERNAL CAROTID ARTERIES AND THE JUGULAR VEIN, FOR ARTERIO-VEINOS ANEURISM OF THE INTERNAL CAROTID AND JUGULAR, WITH DIVISION OF THE OPTIC NERVE ON THE OPPOSITE SIDE, THE RESULT OF A GUNSHOT WOUND. By W. W. Keen, M. D.
- ADDRESS BY REQUEST OF THE SUPERVISING SURGEON-GENERAL, U. S. MARINE-HOSPITAL SERVICE, May 18, 1894, before the Committee on Interstate and Foreign Commerce of the House of Representatives, in the matter of establishing a bureau of Public Health in the Department of the Interior. Washington: Government Printing Office, 1894.
- TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA. Fortieth annual meeting, held at Raleigh, N. C., May 9, 10, and 11, 1893.

Surgery.

Under the charge of T. H. MANLEY, M. D., 302 W. 53d St., New York.

SYMPHYSIOTOMY.

By M. Ganlard, Professor of the Faculty at Lille.

I wish to speak to-day of an operation which has been extensively revived during the past six years, and give a few notes on cases which have been recently subjected to it in my service.

In all those cases wherein the forceps cannot be safely applied; i. e., without serious damage to the maternal parts or the fetal head, when the want of correspondence is not too great between pelvic diameters and the fetal cranium, division of the symphysis serves a most valuable purpose.

Report of cases:—

In one of my cases the patient was 19 years old.

Having decided on this operation, the forceps was applied; then, while moderate traction was being made, the symphysis was divided with Pinard's scalpel. The triangular ligament was cut through, while care was observed not to injure the urethra.

After division, when the head was engaged in the brim, there was a separation at the symphysis of about 7 centimetres.

Complete delivery was promptly effected. The child was alive and vigorous. The wound was closed by deep and superficial sutures.

Patient made a good recovery and in taking her feet had no impediment in walking. She was directed to wear a strong girth around her pelvis for some months until there was full assurance that solid union had been effected.

The second case was one of a rachitic mother aged 31 years. It was her third confinement. The technique in this case was similar to the former. The infant was saved, and the mother, with it, left the hospital in good health a month later.

This operation was first performed in 1777 by a French student named Sigault. A veritable delirium of enthusiasm was raised in its favor at first.

A grand medal was struck off and presented to this young candidate for honors; as he was regarded as the greatest benefactor of humanity of his time.

But its fall was as sudden as its rise was brilliant, and in a little while, except in Italy, the world heard nothing more of the operation.

The mortality attending symphysiotomy was found to be considerable, the bladder or urethra was often seriously damaged, grave lesions of the pelvis and the sacro-iliac joints followed. Bandeloque condemned it, and his great authority and influence had its effect on contemporaneous accoucheurs.

Modern technique and precaution have eliminated many of the former serious objections to it, and to-day it is regarded as a legitimate procedure.

From November, 1890, to November, 1892, Tarnier informs us that he employed symphysiotomy in premature labors 44 times with only one death.

I have myself at Lille, provoked premature labor in 37 cases during the last month of pregnancy; 28 infants were born living. The mothers all did well.

In order to secure the best results in symphysiotomy we should only employ it through the latter part of pregnancy, when premature labor has been instituted.

The author proceeds now to fully set forth its technique and the description of cases in which it is to be selected.

—Archives de Tocologie et de Gynecologie. Mai, '94.

GOOD-BYE ANTISEPTICS.

From the closing lines in the clipping below, we must admit that Sir Joseph's interpretation of orthodox antiseptics and America's widely differ, and that he is going back on his own pet.

"There was a crowded attendance of students and others present in the Union Hall of Glasgow University on the evening of the 17th inst., when Sir Joseph Listér, Bart., gave an address under

the auspices of the Medico-Chirurgical Society. The lecturer said that just a quarter of a century had elapsed since he last addressed the students of the University of Glasgow. Then it was in the dear old college in High street, or in the Royal Infirmary. Now they were met in the fine Union Hall beside the stately pile of the new college. Though so many years had passed, and the outward surroundings were so different, he did not feel like a stranger. Some of his former colleagues were present, and he saw before him many whose studies it was one of his privileges to guide, who had since risen to positions of extensive usefulness and even high eminence in their noble calling. However little he might have contributed to such results, he could not but feel proud to have been their teacher, and was delighted to meet them again. Sir Joseph then said he would like to say a few words on that all-important subject, the practice of antiseptic surgery. After referring at some length to the use of carbolic acid as an antiseptic, he ventured to commend to them this simple mode of purifying the human skin, so, in the same way, with the hands—that it was not necessary so to purify them, that if a portion of the nail were to be cut off and put into a cultivating liquid there would be no chance of microbes developing. Experiments of this kind, he assured his hearers, were made, and often brought antiseptic surgery into contempt. All that was necessary and needful was to purify the hands, the instruments, and all accessories, so that they might not be the means of communicating mischief to the wound they were making or dressing, by the admission of 'gross dirt' and for the prevention of such he advised the use of a 1 in 20 solution of carbolic acid."

—Medical Press, May 23, 1894.

FOREIGN BODIES IN THE AIR PASSAGES.

In speaking of foreign bodies in the nose and the frequent ineffectual attempts made by the unskilled to remove them, the author says there is no need of anxiety about a foreign body being in the nose, nor of these clumsy attempts to extract them. There is no immediate risk or danger from its presence, and no occasion for hurry about removing it, if one has not a knowledge of the proper

methods and a suitable instrument to use. As a rule, there is even no discomfort. The only possible dangers are that a small smooth body might, under some circumstances, be drawn through the nostril, and, by a sudden inspiration, pass into the windpipe; or a rhinitis, sometimes of an offensive character, be set up by any lengthened retention of some foreign bodies. Any physician can easily remove foreign bodies from the nose, even when apparently tightly wedged. A spray of a solution of cocaine will sometimes shrink the tissues sufficiently to loosen it, and gentle traction with a dent probe remove it. The nasal douche, properly used from the nostril opposite the one containing the foreign body, frequently brings it out in the flow of warm water.

In regard to foreign bodies in the pharynx, the author states that their removal is an easy matter unless they have passed down to the lower third or into the esophagus out of the domain of the air-passages. A weak solution of cocaine will relieve all the uncomfortable symptoms.

Foreign bodies in the larynx are more serious than in the nose or pharynx, because of imminent danger of suffocation if it is not speedily removed, or of secondary troubles from its retention that might cause death. The plan followed by the author is to deaden the pharynx with a 2-per cent. solution of cocaine by a spray-producer, and then apply a 20 per cent. solution very thoroughly to the larynx with a brush. He has never been able to do away with the reflex spasm of the larynx with a weaker solution, and sometimes he has had to repeat this application several times in order to do this. In this way he has removed pins, bones, etc., from the larynx without any discomfort to the patient. Sometimes foreign bodies can be successfully removed from the sub-glottic space in the same way. Usually, however, when it has passed into the trachea, if the method of inversion fails, or is impracticable (and it usually is only useful when the foreign body has weight enough to be acted on by gravity, such as a coin), tracheotomy becomes necessary.

—Virginia Med. Monthly.

George G. Shoemaker, M. D., died at his home at Knox, Pa., on May 20, 1894. Age 38 years.

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

WOUNDS OF THE TENDONS OF THE HAND.

At a meeting of the Paris Society for Surgery, M. Chauvel reported a case operated on by M. Chupin, in which, as the result of an injury to the hand by the breaking of a glass, the radial artery, tendon of the flexor carpi radialis, and the tendons of the long and short extensors and long abductor of the thumb had been divided at the situation of the tabatiere anatomique. After ligature of the artery, M. Chupin sutured the tendons en masse, but the final result was not very good. In discussing the case M. Berger said that it would have been better to suture each tendon separately. In the case of the tendon of the flexor carpi radialis this is generally easy, but it is sometimes difficult to find the upper end of the tendons of the long and short extensor and long abductor of the thumb, and then the exploratory incision must be made high enough. When the upper extremity of the tendon has been found, it is well to keep it for some time moderately stretched before uniting it to the inferior end, to prevent contraction of the muscle, which will tear the sutures. Berger usually employs two or three points of suture, inserted lengthwise, for each divided tendon, preferring fine silk to catgut, because the latter softens at the end of two or three days. To obtain satisfactory functional results, the tendon sheaths should also be sutured with silk. In one case a very good result was obtained by this method. M. Reclus reported a successful case in which he performed suture of the tendon Achilles three months after its rupture, the ends of the tendon being carefully freshened and united with four silk sutures.—

—Semaine Medicale.

INTUBATION OF THE LARYNX BONNAIN.

Below three years better results are obtained than by tracheotomy. Its advantages are rapid intervention, requiring no special assistance and readily accepted by the parents.

Being a bloodless operation is not a source of exhaustion in young children.

Less liability to pulmonary complications. Expectoration through the tube is easier than through the tracheotomy tube, on account of the rectilinear direction of the canal of the former, and its situation higher in the trachea gives additional force to the cough. Convalescence is quicker. There is no cicatrix and no need of prolonged wearing of the apparatus. In stenosis of the larynx intubation has the advantage of being not only palliative but often curative.

—Progr. Med.—E. W. B.

ERROR IN RECOMPENSE.

A woman of 49, came to the dispensary, bringing with her a child of 5 years. This woman was a widow at 19, with 5 children. Since then she has had 20 other children at term and two miscarriages. She never had twins. Married three times. Out of the twenty-five children, 19 were boys, who all died young. The eldest of the five girls remaining was 28 and pregnant 6 months. The woman received a medal from the Irbonne Institute, but being in need she wished to exchange the honorary for a pecuniary recompense.

Le Progr. Med.—E. W. B.

EPITHELICMA OF THE EYELID TREATED WITH METHYL BLUE.

Darier relates a series of cases of cancerous tumors of the face rapidly cured by applications daily of methyl blue solutions of a strength of 1 per cent.

The solution appeared to have a specific action on the cancerous element. It may, if well applied, bring about a cure, especially if a previous cauterization with chromic acid is made.

In deep tumors, the liquid should be used hypodermically; where there is erosion it is recommended to complete the cure by skin grafting.

France Med.—E. W. B.

ERUPTION ON THE PALMS OF THE HANDS DUE TO ANTIPYRINE— FOURNIER.

The patient had been taking aulepyrine for headache. The eruption resembled closely syphilitic eruption, but after close questioning it was found to be due to antipyrine poisoning.

Le Progr. Med.

Ophthalmology.

Under the Charge of J. A. TENNEY, M. D., 2 Commonwealth Ave., Boston.

ELECTROLYSIS AFTER BOWMAN'S OPERATION.

M. Lagrange, of Bordeaux, claims that electrolysis is a great help when the lacrymal passage is narrowed after Bowman's operation. He finds it necessary to use feeble currents (under 8 milliamperes), and the application must not continue more than two or three minutes. Besides its mechanical action, electrolysis acts heroically upon the septic germs in the sac of the lacrymonasal canal.

It is usually necessary to subject the patient to a number of sittings to accomplish the best results.

—Recueil D'Ophthalmologie.

MYOPIA CAUSED BY INJURY.

M. Despagne recently reported a case of injury to the Societe D'Ophthalmologie of Paris, that was interesting from a medico-legal point of view.

A man received severe contusions about the legs and hips in a railroad accident. He put in a claim upon the railroad company afterwards, for damages on account of loss of vision in the right eye.

He was found to have 9 dioptries of myopia in the right eye. The left eye had normal vision. There was an annular posterior staphyloma, which was five millimetres wide at one side, and one millimetre wide at the other. This staphyloma was bordered with pigment. The reaction of the pupil to light was normal. The examination was made seven months after the accident occurred.

As the face and head were free from bruises the doctor's conclusion was that myopia must have existed prior to the accident, but that it had probably increased afterward. The examination revealed great amblyopia. How much influence the accident had upon this is a matter of uncertainty.

—Recueil D'Ophthalmologie.

OPERATIONS FOR MYOPIA.

Dr. Schweigger reports fifteen cases of high myopia in the *Deutsch Medicin Wochenschrift* that he has treated by operation since 1891. He never operates unless the far point of vision is less than 7 c.m., and then he only takes the worse eye. He finds better vision after the operation without any lens than the patient had before with the best correction. The patient then uses the eye that has been operated upon for distant vision, and the other for near work.

The operation consists in needling the lens, the same as in lamellar cataract, and letting it absorb gradually. If the lens swells rapidly, threatening the safety of the eye, section of the cornea is performed, and the lens matter is removed.

PARALYSIS OF THE ELEVATORS AND DEPRESSORS OF THE EYEBALL.

Mr. Charles Wray in the "London Lancet" gives two simple methods of pointing out the action of the four muscles involved in elevating and depressing the eye, and the situation of the false images when they are paralyzed. The action of each muscle, and the inclination of the false image when the muscle is paralyzed, are represented by four radii drawn from the centre of the cornea, and forming a figure like the capital letter X.

For the examination of the action of these muscles the author sets forth the four following rules, which enable one to rapidly diagnose which muscle is paralyzed:

1. If the diplopia exists in the upper portion of the field of vision, the upper image belongs to the eye paralyzed.
2. If there is diplopia in the lower portion of the visual field, the lower image belongs to the eye paralyzed.
3. The paralysis of an oblique muscle gives rise to an internal strabismus and homonymous diplopia.
4. The paralysis of a straight muscle gives rise to an internal strabismus and crossed diplopia.

Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., 44 West 46th St., New York.

ELECTRICITY VERSUS SUGGESTION.

The power of suggestion to modify functionally-diseased conditions has been brought into prominence in recent years, and especially during the investigations of hypnotism; and we find it frequently averred by those who are disposed to be skeptical about the action of electricity that its effect in functional disease is due to suggestion pure and simple.

That the electric battery often exerts a powerful suggestive influence on a patient's mind can easily be demonstrated. Instead of detracting from the value of this agent it is my opinion that it is an additional merit, and I have myself repeatedly made use of this influence to obtain the most gratifying results. The same may be said of almost every therapeutic measure in the hands of physicians who have confidence in themselves, believe implicitly in the efficacy of their treatment, and inspire a similar confidence in their clientele.

But it is a rash generalization to infer that this is the only way in which electricity acts.

To obtain the best results with electrization considerable skill and judgment are essential. It would seem, perhaps, to be a very simple matter, but experience in this, as in everything else, is a great advantage, and he who possesses it will often obtain results for which another will strive in vain.

A wise physician will take advantage of all the therapeutic aid which electrical treatment offers in disease—of the mental as well as the physical impression; neither should be neglected. It is a fact, that must be recognized that the personal equation of the physician plays an important part in the most brilliant successes in drug therapeutics, and in a great measure the same is true of electrization and the results of electro-therapeutics. Certain persons will succeed, while others will not. Natural fitness, established habits of prescribing, prejudices for or against electricity—all enter into the question, and the actual remedial value of this agent cannot be wholly separated from the gen-

eral average capacity and skill of those who employ it.

In no case has this been more forcibly illustrated than in the heated discussions waged only a few years ago over the treatment of stricture by electrolysis. If properly done the result is very satisfactory. If improperly done it may be a failure, or worse. The facts are easy of demonstration, yet column after column has been written on both sides of the argument and, instead of seeking the truth and nothing but the truth for the benefit of the profession, a great deal of personality was indulged in. "A man convinced against his will is of the same opinion still" and possibly some of the distinguished genito urinary surgeons who, four or five years back, denied that a properly applied sound of a proper kind, with a vis-a-tergo of only a mild negative galvanic current will pass through and soften the cicatricial bands of a urethral stricture are not yet willing to admit that it will. Nevertheless it will, and not by reason of suggestion, either.

It is evident to all who really have a large personal experience with medical electricity that there are times when the efficacy of "suggestion" fails and electricity has to stand on its own merits. I believe it can do this as well as any agent in the materia medica, but an amusing circumstance that recently came to my notice illustrates that in such cases the battery should be turned on.

An old gentleman had intercostal neuralgia, and his son had rheumatism in the small joints of the foot. A year previous his family physician had advised him to try electricity, and he had gone to a general supply store down town and purchased a beautiful little family battery for \$10. It had five terminal posts, and gave out more kinds of currents than any other battery made. The son's rheumatism, however, resisted all its separate and combined currents, and after a year or so of inactivity the father concluded to try it for his own case. It required new fluid every second or third day to produce a

heartily buzz, but it tingled all right when applied to his ribs, and he got in the habit of using it.

About this time he got sick and called in a young but enterprising physician, who, it happened, had just become the proud possessor of a fine \$24 portable 16-cell galvanic battery. Of course he saw at once that the \$10 multiple current affair was all wrong, and that nothing could be expected anyway from electricity applied at home. So the enthused old gentleman went to his office for "a regular course of treatment."

The first day he appeared was rather cool. He was denuded of his upper apparel and seated on a stool by the young man, who used his best exertions to appear calm. It was his first attack with his new battery.

It had two handles that required to be raised to immerse the elements in the exciting fluid. He got the other details all right, after a careful study of the "circular," but forgot about the handles. When the patient had been duly cautioned not to expect any "noise" when the current was turned on, as this current was different from those he had mistakenly used at home, and which could do him no good, as they were the wrong kind, the electrodes were applied and the signal given. With one sponge over the short ribs, and the other perambulating over tender points in the back, the proud operator turned on switch after switch with a deliberation and caution that did honor to his study of the circular furnished with the battery.

The old gentleman noted each sensation. Here it pricked too much, there it was a trifle strong, anon it "burned," and conscious of the thermal effects of the constant current and not wishing to literally melt down his first patient he reduced the cells promptly from 16 to 10. This was more comfortable and all parts were fully treated for half an hour, when the patient dressed and went home. He did not come again to report the remarkable improvement which must certainly have taken place as the result of this thorough application, and the mail finally brought word that he had caught a severe cold from the half hour's exposure in the chilly office and he could not see that the new kind of electricity had done any more good than his own kind, which he had concluded to resume at home where his room was warmer.

At this juncture the physician made the discovery that he had failed to start the battery action and that the patient had got no current at all.

While he always cherished the idea that, if the old man had only got the current "it would have done him a power of good," he saw that to make a success of electro-therapeutics needed attention to certain details of an elementary nature; and among other things a milliamperemeter, which he accordingly procured.

PRURITUS.

Galvanic, static and faradic applications have all been made use of for the relief of this affection, and each has proved of at least temporary value. There are peculiar cases of this neurosis where the effect of sedative drugs has been worn out and every palliative measure at all is eagerly sought for by the patient.

The symptom may be idiopathic or due to some irritant cause. As we desire to influence the nerve-terminals, our treatment is directed to the site of the lesion together with such constitutional measures as may be indicated.

If galvanic applications are employed, the current should be sufficiently mild to produce a sensation of warmth under the electrode, which should be the positive pole of the battery.

If faradism is used it should be the sedative, high tension current obtained from the long, fine wire coil with rapid interruptions.

Perhaps no form of electrical administration, however, will afford more speedy relief than properly-directed static sparks.

Should the seat of the lesion be one requiring more than ordinary care in the application—as for instance the scrotum—it will be necessary to modify the spark in a skilful manner in order to avoid aggravation to the patient.

When the pruritus is a symptom of senile or other changes in the skin this form of electricity is also effective in relieving formication, and in fact all accompanying disorders of the sensory nerves.

Where drugs have long been resorted to and failed to yield other than temporary relief it will be found that some form of electricity is an additional resource, and one that often alters the character of the trouble into something tolerable, and in some cases effects an apparent cure.

Miscellany.

THE AMERICAN MEDICAL ASSOCIATION AT SAN FRANCISCO.

Report of the Committee on Revision of the Constitution.—At the opening of the final session, the discussion over the conflicting reports of the majority and minority of the Committee on Revision of the Constitution and By-laws was again started, but the members were weary of it and apparently were saving their strength for the dispute over the code question; so after a comparative brief debate the whole subject of constitutional revision was indefinitely postponed.

Revision of the Code of Ethics.—Dr. H. D. Holton, of Vermont, chairman, then presented the report of the Committee on Revision of the Code of Ethics of the association. This, like the report of the other committee on Thursday, gave rise to a heated and somewhat acrimonious discussion.

Dr. Didama, of New York, again made a minority report in opposition to that of the committee, and the adoption of this report was strongly urged upon the members.

Dr. Ingalls, of Illinois, moved that the whole subject be laid on the table, and his motion was carried, greatly to the relief of most of those present.

The Journal of the American Medical Association.—The following resolution was introduced, and on motion was referred to the Judicial Council:

Whereas, The interests of the Journal of the American Medical Association require that it should command the confidence of the members of societies in affiliation with the association; and

Whereas, The Journal of the American Medical Association has continued to publish unethical advertisements, like those of antikamnia, labordine, and other secret nostrums, and that of the American Physicians' Sanatorium Company offering \$1000 worth of stock to physicians sending it patients; and

Whereas, The trustees of the Journal have defended such a course on the ground that the money from such advertisements was needed to publish such a journal as they thought creditable to the association; therefore be it

Resolved, That the various State Medical societies in affiliation with this association are hereby requested to inform this association whether their members approve of the policy of admitting such advertisements to the pages of the Journal of the American Medical Association.

Election of Officers.—The following were elected to fill the offices of the association for the coming year: President, Donald McLean, of Michigan; treasurer, S. P. Newman, of Illinois; permanent secretary, W. B. Atkinson, of Pennsylvania; assistant secretary, G. H. Rohe, of Maryland.

Place of meeting, Baltimore, Md.

The Constitution of the Code of Ethics.

—Dr. Marcy, of Massachusetts, moved that all matters relating to the amendments to the constitution and to the code of ethics, now lying on the table, be taken therefrom for further consideration. Carried. Dr. Marcy then moved to postpone indefinitely the revision of the constitution. Carried. He then moved that a statement making clear the provisions of the proposed new code be published regularly in the Journal, so that the exact nature of the proposed changes might be thoroughly understood by all the members of the association. This motion was also carried.

A PIPE INHALER.

Dr. Charles Forbes has designed a tobacco pipe which can also be used for inhaling eucalyptus or other volatile drugs. The pipe is of briar wood, and does not differ in appearance from the ordinary pipes in use, but the bowl consists of three concentric parts, an inner bowl, of wood, which screws into a case of wood, which forms one with the stem; between the two is a small aluminium retort. The air or smoke passes through the central aperture in the bottom of the retort, where the oil and moisture are deposited; thence it passes through apertures, cut in the retort, into the outer bowl, and so to the stem. The retort appears to serve the purpose of condensation well in ordinary smoking, and the mouthpiece remains very clean. The portability of the pipe may make it useful as an inhaler.

—British Medical Journal, June 9, 1894.

NOTICE TO OUR SUBSCRIBERS AND FRIENDS.

We desire to call the especial attention of our subscribers to the electro-therapeutic department of this journal.

The subject, while not new in itself, is continually developing new thought and application of therapeutic force.

We wish to receive more original experiences from physicians (not so much from the specialist as the general practitioner.) Questions and communications will be cheerfully received by the editor of the department, Dr. S. H. Monell, 44 West Forty-sixth street, New York city.

We realize the literature on this subject is yet in its infancy, and for this reason we hope to make this department one of the features of the "Times and Register." Will you help us?

Ed. T and R.

FUNCTIONAL DISTURBANCES OF THE FEMALE URETHRA.

Incontinence of urine from an atonic condition of the urethral sphincter and the sphincter of the neck of the bladder may frequently be relieved by the powerful tonic effect of a local application of the faradic current.

It may be applied by means of a bipolar urethreal electrode with the active points corresponding to the two sphincters, or it may be applied by means of a simple urethral bulbous electrode as the active pole, and a large pad or sponge electrode placed externally over the bladder.

When it is desired to improve the muscular tone, the coarse-wire secondary coil should be used for about five minutes at a time daily.

Neuralgia of the urethra is a painful symptom that may be promptly relieved by the galvanic current. Place the negative pole in the vagina and a felt or sponge electrode over the bladder and pass 10 to 15 ma. for a few minutes, or till relieved.

SYMPHYSIOTOMY IN RICKETY PELVIS.

N. G., aged 27, presented herself at the obstetric clynic of Dr. Kirch. She was the subject of extreme rickets. The circumference of the pelvis was 80 cm., the distance between the iliac spines 26½ cm.; the true conjugate 75 to 78 mm.; the conjugate of Bodeloque 17 cm. She was pregnant, in the ninth month, and the fetus was alive. Labor began on December 25, 1893, at 5 in the morning, and dilatation was complete by December 27. Dr. Kirch thought that the conditions, in that the head was movable and the child living, indicated symphysiotomy. He therefore performed this operation. The child was removed at the first application of the forceps, and the mother made a good recovery.

—Lo Sperimentale, vol. 1., p. 128, 1894.

Notes by the
Wayside.

Physicians who have never studied Latin, or whose early efforts are hazy from intervening time, would do well to pluralize Latin terms by the English method, rather than jump at hasty conclusions and make the sad blunders not infrequently heard, and even sometimes allowed to creep into the journals. At the State Medical meeting the other day one gentleman thinking from its termination "a" that hematoma made its plural as does tinctura and mistura, calmly referred to "hematomae!"

When glancing over some of the racy sentences found in Western medical journals one can hardly help regretting the inevitable time when this breezy, free and easy style will give place to the expurgated language of the conservative and effete East.

This thought is apropos of a recent editorial in a St. Louis journal. It seems the editor, believing that Dr. I. N. Love was a candidate for the presidency of the American Medical Association, had announced a pen picture of him in the next issue.

Dr. Love, not desiring photographs from an unfriendly camera, writes to the effect that, if this be done, he will proceed to return the compliment by furnishing his readers with similar pictures of the editors of the St. Louis journal, and, furthermore, will do it "to the Queen's taste." He even intimates that the repast will be so much to the Queen's liking that "not a grease spot will be left."

One of the Blockley residents was informed the other day by a patient that he had a "gastric stomach."

This anatomical peculiarity is on a par with that of the dispensary woman who told me that the dentist by his unskillfulness had broken her "ferocious" bone. For the sake of her husband, I trusted that it was broken beyond repair. Another voluble Irish woman confided to me with tears in her eyes that her brother's leg had either been broken or fractured, she did not know exactly which.

This also tallies with the tale of an awe-stricken husband who affirmed that his "wife had swallowed her palate."

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Original.

NEUROTIC COMPLICATIONS IN LA GRIPPE.*

BY STEPHEN LETT, M.D., M.C.P.S. ONT.,

Medical Superintendent of the Homewood
Retreat, Guelph, Ontario.

Of the various diseases met with during the past decade, there is perhaps none in which neurotic complications have been more frequent than in that form of epidemic influenza which has swept over our land for several successive years, known as "La Grippe." Why such complications should exist to so great an extent in connection with this disease is somewhat difficult to understand. We all know that the malady has a peculiar aptitude for searching out any weak organ or system of organs and making its virulence and power felt upon such weakness; we also know that this is a very neurotic period, that people live at too high a rate of nerve pressure, that they wear out or exhaust their nervous system prematurely; that they hand to posterity a much more unstable nervous organization than did their ancestors who lived by the light of other days, who did one day's work in a day and went to bed at early candle light; who worked during the day and rested both body and mind at night. These things being considered, it is but the sequence of events that many neurotic complications should accompany and follow so potent a cause as "La Grippe." Another very tenable explanation would seem to be that the toxic element in the circulation, upon which the influenza of necessity depends, has a special affinity for the nervous system. This theory would seem to be sustained when we note the excessive amount of irritation

set up in the nerves, producing many forms of neuralgia and various inflammations, in some cases not stopping short of symmetrical multiple neuritis, a condition held by some to be conclusive of a toxic cause. Perhaps the truth may rest in a combination of these factors.

The neurotic manifestations of la grippe may best be considered as those occurring during the febrile stage, and those which may be classed as post-febrile or sequelae. Early in the disease nervous symptoms occur, and may be so pronounced as to give the malady a distinctive character or neurotic type. Such symptoms would include a severe initial chill, followed by intense headache and neuralgia, pains in the course of sets of nerves, especially the fifth pair, down the spine, particularly noted in the lumbar region; also many painful muscular sensations, hyperæsthesia of the organs of special sense, obtinate insomnia, which may be the forerunner of a transitory psychosis, associated with delusions or hallucinations of exaltation or depression, and which may be followed by a pronounced meningitis, leading to permanent mental impairment or ending in coma and death. Many of the above symptoms are of course present in a more or less marked degree in the ordinary fevers and exanthems, but in epidemic influenza they are more pronounced and would seem to possess a distinctive character.

With regard to the nervous sequelae of la grippe two important factors should be borne in mind: First, their severity bears no relative proportion to the severity of the primary disorders. Second, the most serious nervous disorders may follow a second or third attack of influenza, although these successive attacks may each be milder than the preceding one. Amongst the nervous complica-

* Read before the Ontario Medical Association at Toronto, June 6, 1894.

tions to be noted after the subsidence of the fever may be mentioned the following motor disturbances: Well-marked paresis of the facial and ocular muscles and of the organs of speech, paralysis of one or more of the extremities as a result of degenerative neuritis or, as has been recorded, severe organic changes in the central nervous system. Sensory disturbances are also present in some cases, such as hyperesthesia and anaesthesia, either localized or extending to a more or less extensive area, and I have no doubt that many cases of partial deafness and "grip ear" depend upon an interference with the harmonious working of the auditory nerve. It is also common in the after stages of influenza to note an intense nervous prostration, making convalescence slow, tedious and discouraging.

In addition to the above post-febrile nervous disturbances we meet with true psychosis of a marked asthenic character, which would appear to be the result of a toxic element and have been classed by some authorities amongst the "Toxic Insanities." They present the following types:

Acute mental exhaustion with confusion of ideas, stupor or perhaps hallucinations or delusions, accompanied by great physical prostration, also occasionally intolerance of light and sound. The majority of this class make a good recovery in a few weeks or months. Sometimes, however, a case will run into a chronic condition and become permanently mentally weakened.

Melancholia claims by far the greatest proportion of the post-influenzal insanities, fully one-half. This psychosis is usually present without marked delusion, but it is accompanied by all degrees of mental depression, with loss of interest in their daily avocation or home surroundings, forebodings of evil or impending calamity, bemoaning their pitiable condition and frequently developing suicidal tendencies, which occasionally culminate in the successful accomplishment of the rash act, as a late report testifies with regard to both a husband and his wife. Some of these cases are extremely sensitive to light and sound, are easily agitated and suffer more or less from insomnia; in fact, the insomnia so frequently present in the convalescing stages of the influenza appears to be the starting point of this morbid de-

pression. When suicide does not take place and the family history is good the prognosis is favorable.

Mania is the least frequent of the mental sequelae of epidemic influenza, contributing only about 18 per cent. of the whole. The recorded cases point to an absence of delusion or hallucination, or even very severe maniacal excitement; the insanity is more of an asthenic type, which, with sustaining treatment and a good family history, presents a favorable prognosis.

In addition to these principal types of insanity we may have paranoia and post-febrile hysteria. In such cases, however, a predisposing cause will usually be found, the influenza merely playing the part of the match that started the fire in the already arranged kindling.

In all forms of mental and nervous maladies resulting from influenza where there has not been some previous mental trouble or hereditary predisposition the prognosis is usually favorable, though recovery may be slow; where these factors exist the contrary obtains.

STIEFEL'S MEDICINAL SOAPS.

Medical Press and Circular says: "We have received from Mr. John Morgan Richards, of Holborn Viaduct, samples of various medicated soaps manufactured by Stiefel, at the well-known soap laboratory at Offenbach (Germany). There is a sublimate soap, containing one-half per cent. of the salt, which provides an easy and reliable means of curing scabies, phtheiiriasis. It is also recommended in the treatment of syphilitic eruptions. Among the milder combinations are a borax soap, an ichthyol soap and a birch tar and sulphur soap. The value of ichthyol in the local treatment of a certain class of skin affections is now generally recognized, and in the form of soap it is peculiarly applicable. The tar and sulphur soap is not only an antiseptic, but possesses marked emollient properties, which should prove of service in remedying the disagreeable roughness of the skin, which is, in many instances, induced by the use of ordinary soaps. The same remarks apply to the borax soap, which leaves the skin singularly smooth and white. The soap basis is a well-made, perfectly neutral compound, devoid of uncombined alkali on the one hand and of any excess of fat on the other."

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